

OFFICIAL MINUTES  
Marion County Board of Education  
Regular Session  
Monday, November 21, 2022  
**CENTRAL OFFICE**  
6:00 pm

The meeting was held in the Central Office Conference Room and streamed on our Facebook page: Marion County Schools WV.

Rev. Dobbs, Morningstar Baptist Church gave the invocation and Tim Layne, Maintenance led the Pledge of Allegiance.

The Marion County Board of Education met in a Regular Session on Monday, November 21, 2022 at 6:00 pm.

President Mrs. Costello called the meeting to order at 6:04 pm

MEMBERS PRESENT: Mr. Boyles, Mrs. Costello, Mr. Dragich, Mr. Pellegrin, Rev. Saunders and Superintendent Dr. Hage

**18-1000 INFORMATION – RECOGNITIONS – RECOMMENDATIONS – REPORTS**

- 1) EFHS 4<sup>th</sup> and 5<sup>th</sup> Place - State Cross Country Recognitions – Dr. Westfall
- 2) EFMS – STEM Group 1<sup>st</sup> & 2<sup>nd</sup> Place – Charleston Pumpkin Drop
- 3) EFMS – Cross Country Team – County Champs
- 4) EFMS – Girls Soccer Team – 2<sup>nd</sup> place
- 5) EFMS – Track Recognitions from 2022 Girls track were Champ and Boys Track was runner ups.
- 6) NMHS – All State Cross Country – 10<sup>th</sup> Place overall
- 7) Dr. Westfall – Build the Stadium Project at EFHS
- 8) Mrs. Debra Conover, EFMS Principal – Presentation on Student Achievement and Other Student Factors, Data, and Programs
- 9) Delegations
  - a) N/A

**NEW BUSINESS**

Mr. Pellegrin made a motion, seconded by Mr. Boyles to approve the following:

**18-2000 MINUTES – AGREEMENTS – CONTRACTS**

**2234 MINUTES**

The approval of the Official Minutes for the meeting for a Regular Meeting on November 7, 2022.

499-01

**2235 USE OF FACILITIES – MANNINGTON – DAWGS BASKETBALL**

The approval of the Use of Facilities form with the Dawgs Basketball to use the gymnasium at Mannington Middle from November, 2022 through June, 2023.

**2236 THRASHER – NMHS – HVAC RENOVATION PROJECT**

The approval of the invoice from Thrasher for the HVAC Renovation project at NMHS, in the amount of \$16,672.50.

FUNDING: Round 3 2024

**2237 BOWLES RICE - INVOICE**

The approval of the invoice from Bowles Rice, in the amount of \$15,904.07.

FUNDING: County

**2238 FIELD TRIP – OVERNIGHT – OUT-OF-STATE - COUNTY BUSES - AIRLINES**

The approval of the following:

**WFMS – Science Honorary**, requested permission to use a county bus to travel to Pittsburgh International Airport and use Southwest Airlines to travel to Orlando, FL, May 9-12, 2023, for a Science & Technology/Physics of Disney Parks.

Approximate number of students: 42

Chaperone(s): Susan Conley, Aimee Williams, AJ Field, Danielle Leiving, Michelle Betler, & Kevin Egidi

Approximate Cost: \$1416 per person

Source of funds: Students/Fundraising

Number of school days lost: 4

**2239 FIELD TRIP – COMMERCIAL CARRIER – OUT-OF-STATE**

The approval of the following:

**Barrackville – Builders Club/Honor Society**, requested permission to use Commercial Carrier TA Nelson to travel to The Smithsonian, Washington, DC, April 6-7, 2023.

Approximate number of students: 55

Chaperone(s): Bethany Sturm, Karla Rundle, Vicki Bombard, Rachel Woody, Alyson Perry

Approximate Cost: \$3,100.00

Source of funds: Builders Club

Number of school days lost: 0

**2240 FIELD TRIP – OVERNIGHT – PRIVATE AUTO**

The approval of the following:

**EFHS – Girls Basketball**, requested permission to use private auto to travel to Charleston Catholic HS, Charleston, WV, and WV State University December 18-17, 2022, for Basketball Games.

Approximate number of students: 25

Chaperone(s): James Beckman, John Bowman, Genie Reesman

Approximate Cost: \$1,500

Source of funds: Boosters

Number of school days lost: ½

**2241 FIELD TRIP – OVERNIGHT – PRIVATE AUTO**

The approval of the following:

**EFMS – Cheer**, requested permission to use private auto to travel to Charleston, WV, December 2-3, 2022, for cheer camp at Nitro High School.

Approximate number of students: 18

Chaperone(s): Leslie Van Zant, Maggie Conaway, Stormie Fluharty, Kayla Smith, Carley Halpenny, Amanda Kay, Coach Kim Moran, Serena Owens, Jordane Hill, Jennifer Willett

Approximate Cost: \$500

Source of funds: Boosters

Number of school days lost: 1/2

**2242 FIELD TRIP – COMMERCIAL CARRIER – COMMERCIAL CARRIER**

The approval of the following:

**FSHS - Football**, requested permission to use Commercial Carrier Central Cab to travel to Independence HS, Coal City, WV, November 18-19, 2022, for the Playoff Game.

Approximate number of students: 50

Chaperone(s): Nick Bartic and Mark Sampson

Approximate Cost: \$2000

Source of funds: Boosters

Number of school days lost: ½

**2243 FIELD TRIP – OVERNIGHT – COMMERCIAL CARRIER**

The approval of the following:

**FSHS – Boys Basketball**, requested permission to use Commercial Carrier T.S. Nelson to travel to Charleston, WV, March 15-18, 2023, for the State Tournament.

Approximate number of students: 20

Chaperone(s): David Retton

Approximate Cost: \$2,500

Source of funds: Boys Basketball

Number of school days lost: 1

**2244 FIELD TRIP – OVERNIGHT – COUNTY BUS**

The approval of the following:

**FSSS – Boys Basketball**, requested permission to use a county bus to travel to Winfield HS & Charleston Catholic, Charleston, WV, February 24-25, 2023, for the Basketball Games.

Approximate number of students: 24

Chaperone(s): David Retton & Jason Morris

Approximate Cost: \$400.00

Source of funds: Boys Basketball

Number of school days lost: ½

**2245 FIELD TRIP – OVERNIGHT – COUNTY BUS**

The approval of the following:

**FSSS – Boys Basketball**, requested permission to use a county bus to travel to Shady Springs HS, Shady Springs, WV, January 27-28, 2023, for basketball games.

Approximate number of students: 24

Chaperone(s): David Retton & Jason Morris

Approximate Cost: \$400

Source of funds: Boys Basketball

Number of school days lost: 0

**2246 FIELD TRIP – PRIVATE AUTO – OVER NIGHT**

The approval of the following:

**EFHS Cheer**, requested permission to use a private auto to travel to Huntington, WV, December 9-11, 2022 for the State Cheer Competition.

Approximate number of students:14

Chaperone(s): Karen Beckman, Kathleen Lantz, Stephanie Messinger, Mckinley Messinger, McKinleyu Ashcraft, Rhonda Edge, Brian Edge, Robert Musgrove, Amdna Musgrove, Becky Griffith, Belinda Blauvelt, Lisa Parilak, Jeff Mayer, Bobbie Mayer, Brooke Plum, Kristy Currey, Renee Wisenbaler, Mallory Haddix, Angela Alkire, Alisha Holbrooke

Approximate Cost: \$1,000.00

Source of funds: Boosters

Number of school days lost: 1

**YEAS:** Boyles, Costello, Dragich, Pellegrin, Saunders

**NAYS: 0**

Mr. Saunders made a motion, seconded by Mr. Boyles to approve the following **except for 3017, which did not require a vote and was discussed in executive session after the 7000 series:**

**18-3000 FINANCIAL**

**3015** Vendor List dated November 16, 2022 are viewable in the attachments on the Marionboe.com website .

**3016** Treasurers Report dated November 16, 2022 are viewable in the **19-2247** attachments on the Marionboe.com website.

**3017** East Dale Project – Financial Update  
**YEAS:** Boyles, Costello, Dragich, Pellegrin, Saunders      **NAYS: 0**

Mr. Dragich made a motion, seconded by Mr. Pellegrin to approve the following:  
*EXCEPT FOR ITEMS, 4241, 4242 , 4243 & 4244, which must be voted on separately after the 7000 series.*

**18-4000 PERSONNEL**

**4224 EMPLOYMENT – PAID COACHES**

The approval of the following coaching positions effective for the 2022-23 season pending WV certification and CIB verification if needed:

***Barrackville Elementary/Middle***

**C22 09 26 23**

Luke Campbell                      Boys’ Basketball/ 7<sup>th</sup> Grade                      SSAC

**4225 RESIGNATION – COACHES**

The approval of the following coaching resignations:

***East Fairmont Middle School***

Tyisa Stewart      Softball/Volunteer  
Effective: November 15, 2022

**4226 EMPLOYMENT – SPORTS WORKERS FOR SCHOOL ACTIVITIES**

The approval of the following effective for the 2022-23 School Year.

***Monongah Middle School***

**C22 11 07 01**

**Winter Sports Concession Worker**

Anna McKenzie

**4227 RETIREMENT – PROFESSIONAL PERSONNEL**

The approval of the professional retirements as follows:

Shawna Magaha      Library/Media  
Fairview Elementary School  
200 Days  
Effective:      June 30, 2023

**4228 RESIGNATIONS – PROFESSIONAL PERSONNEL**

The approval of the professional resignations as follows:

Victoria Strader Multi Cat W/Autism  
White Hall Elementary School  
200 Days  
Effective: ***Pending Replacement***

Colleen Usary Multi Cat W/Autism  
Rivesville Elementary/Middle School  
200 Days  
Effective: January 11, 2023

Kelly Vallango School Psychologist  
Central Office  
230 Days  
Effective: January 13, 2023

Richard Wade Biology  
North Marion High School  
200 Days  
Effective: February 9, 2023

**4229 LEAVE OF ABSENCE – PROFESSIONAL PERSONNEL**

The approval of the following:

Brenda Cress Teacher North Marion High School  
Request a leave of absence on November 1, 2022, November 2, 2022, and November 7, 2022.

Brenda Cress Teacher North Marion High School  
Request a leave of absence ***AS NEEDED*** from November 10, 2022 to June 30, 2023.

Tiffany DeVaul Teacher Blackshere Elementary School  
Request a leave of absence from December 5, 2022 to February 6, 2023.

Michael Leshko Teacher East Fairmont Middle School  
Request a leave of absence from October 17, 2022 to November 17, 2022.

Salina Sherry Teacher East Fairmont Middle School  
Request a leave of absence from November 17, 2022 to January 3, 2023.

**4230 EMPLOYMENT – PROFESSIONAL PERSONNEL-MATH AND READING  
INTERVENTIONIST-CARES ACT ROUND 3**

The approval of the following:

**Barrackville Elementary/Middle**

**19-2247**

**P22 11 03 01**

Kayla Fogle

Math Interventionist

Barrackville Elementary/Middle

maximum of 150 contact hours during the school day

\$30/hour

Effective: November 28, 2022

**4231 EMPLOYMENT – SUBSTITUTE TEACHERS**

The approval of the following pending WV certification and CIB verification:

Kelsey Goetze

Sub Permit-*Pending*

Erica Lawrence

Student Teacher Permit

Kristie McDonald

Professional

***Administrator Only***

Effective: December 6, 2022

Holly Netz

Sub Permit-*Pending*

**4232 RESIGNATIONS – SERVICE PERSONNEL**

The approval of the service personnel resignations as follows:

Vincent McCray

Bus Operator #52

Transportation Dept.

200 Days

5:45 am-8:20 am

2:00 pm-4:35 pm

Effective: November 15, 2022

**4233 LEAVE OF ABSENCE – SERVICE PERSONNEL**

The approval of the following:

Michael Turner

Bus Operator

Transportation Dept.

Request a leave of absence from November 14, 2022 to

February 22, 2023.

Lana Wilson

Cook-Half Time

Fairmont Senior High School

Request a leave of absence from November 8, 2022 to

February 25, 2023.

**4234 EMPLOYMENT – SERVICE PERSONNEL**

The approval of the following:

**S22 11 09 04**

Kacie Cunningham Custodian I/II  
Meadowdale/Barrackville  
210 Days  
3:00 pm-10:30 pm  
Effective: November 28, 2022

**S22 11 09 02**

April Darrah Cook I/II-Half Time  
North Marion High School  
200 Days  
9:00 am-12:30 pm  
Effective: November 28, 2022

**S22 11 07 01**

Beverly Sanson LPN/Aide-Itinerant  
Transportation Dept.  
200 Days  
6:10 am-8:15 am  
2:00 pm-4:30 pm  
Effective: December 7, 2022

**4235 REASSIGNMENT – SERVICE PERSONNEL**

The approval of the following:

**S22 11 09 03**

	From:	To:
<u>Kristal Efaw</u>	Custodian I/II West Fairmont Middle 210 Days 3:00 pm-10:30 pm	Custodian I/II Mannington Middle 210 Days 3:00 pm-10:30 pm Effective: November 28, 2022

**S22 11 09 06**

<u>Julie Mcelroy</u>	Cook I/II-Half Time East Fairmont High 200 Days 9:30 am-1:00 pm	Autism Mentor-Itinerant East Fairmont Middle 200 Days 7:20 am-1:20 pm Effective: November 28, 2022
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**S22 11 09 01**

Shona Shears

Aide-Itinerant  
West Fairmont Middle  
200 Days  
7:30 am-1:30 pm

ECCAT Pre-K  
East Dale Elementary  
200 Days  
8:00 am-3:30 pm  
Effective: November 28, 2022

**S22 10 31 01**

Timothy Wilson

Bus Operator #85  
Transportation Dept.  
200 Days  
5:55 am-8:20 am  
1:45 pm-4:15 pm

Bus Operator #44  
Transportation Dept.  
200 Days  
6:10 am-8:15 am  
2:00 pm-4:30 pm  
Effective: November 28, 2022

**4236 RESIGNATIONS – SUBSTITUTE SERVICE PERSONNEL**

The approval of the substitute service personnel resignations as follows:

John David Jones II Substitute Bus Operator  
Effective: November 25, 2022

**4237 EMPLOYMENT – SUBSTITUTE SERVICE PERSONNEL**

The approval of the following as substitute service personnel pending completion of training and CIB results:

***Substitute Aide***

Dorothy Kathy DeMary ***Emergency Only***

***Substitute Custodian***

**S22 10 24 01**

Kenneth Daniel

***Substitute Custodian***

**S22 10 24 01**

Rebecca Deusenberry

***Substitute Custodian***

**S22 10 24 01**

Robert Hillberry Jr.

***Substitute Custodian***

**S22 10 24 01**

Madonna Stevens

***Substitute Aide***

Rita Uveges ***Emergency Only***

**4238 EMPLOYMENT – EXTRA CURRICULAR CONTRACTS**

The approval of the following extra-curricular contracts for the FIRST SEMESTER OF THE 2022-23 SY.

**West Fairmont Middle**

<b>Name</b>	<b>Duty</b>	<b>Hours</b>
Cornwell, Sara	PM Bus Duty	25
Hoskinson, Sean	PM Bus Duty	45

**4239 EMPLOYMENT – PROFESSIONAL PERSONNEL-CTR (CLINICAL TEACHER OF RECORD)**

The following employment(s) are endorsed by the Superintendent, the School Principal, and Faculty Senate Designee(s):

**P22 10 20 01**

Charlotte Wood PE/Health-CTR  
West Fairmont Middle School  
200 Days  
Effective: *Pending certification*

**4240 EMPLOYMENT – PROFESSIONAL PERSONNEL**

The following employment(s) are endorsed by the Superintendent, the School Principal, and Faculty Senate Designee(s):

**P22 10 28 01**

Yvette Hunt Multi Cat  
West Fairmont Middle School  
200 Days  
Effective: ***Pending release from Taylor County***

**YEAS:** Boyles, Costello, Dragich, Pellegrin, Saunders      **NAYS: 0**

**18-5000 DISCUSSION – NEW POLICIES, REVISIONS & DELETIONS**

- First Review – 11-7-22**
- Second Review – 11-17-22**
- Third Reading – 12-5-22**

**5019-REVISION – PO5330 – GUIDANCE AND COUNSELOR**

**5020-NEW – PO5331 – ADMINISTRATION OF OPIOD ANTAGONISTS**

**18-6000 SUPERINTENDENT'S REPORT**

**Student Achievement – Middle School/High School Summit  
Dessert Competition  
Culinary and Aviation Program  
Semester Testing**

**Technology -**

**Rank One  
Toy Shop**

**Transportation  
Facilities**

**Rivesville Boiler – Adjusted  
NMHS- HVAC Project**

**Maintenance**

**Dec 5<sup>th</sup> – Sheriff Riffle – Safe Schools Update  
Students shadowing Maintenance  
Department**

**18-7000 MATTERS FROM THE BOARD**

Mr. Dragich, made a motion, seconded by Mr. Pellegrin to approve the following:

**7010 STUDENT EXPULSION**

The approval of a student to be expelled for one school year for violation of the Safe Schools Act.

**YEAS:** Boyles, Costello, Dragich, Pellegrin, Saunders      **NAYS: 0**

Mr. Pellegrin, made a motion, seconded by Mr. Boyles to approve the following:

**7011 STUDENT EXPULSION**

The approval of a student to be expelled for one school year for violation of the Safe Schools Act.

**YEAS:** Boyles, Costello, Dragich, Pellegrin, Saunders      **NAYS: 0**

Mr. Saunders made a motion, seconded by Mr. Boyles to approve the following:

**7020 STUDENT EXPULSION**

The approval of a student to be expelled for one school year for violation of the Safe Schools Act.

**YEAS:** Boyles, Costello, Dragich, Pellegrin, Saunders      **NAYS: 0**

Mr. Dragich, made a motion, seconded by Mr. Pellegrin to approve the following:

**7021 STUDENT EXPULSION**

The approval of a student to be expelled for one school year for violation of the Safe Schools Act.

**YEAS:** Boyles, Costello, Dragich, Pellegrin, Saunders      **NAYS: 0**

Mr. Boyles, made a motion, seconded by Mr. Saunders to approve the following:

**7022 STUDENT EXPULSION**

The approval of a student to be expelled for one school year for violation of the Safe Schools Act.

**YEAS:** Boyles, Costello, Dragich, Pellegrin, Saunders **NAYS: 0**

Mr. Dragich, made a motion, seconded by Mr. Pellegrin to approve the following:

**7023 STUDENT EXPULSION**

The approval of a student to be expelled for one school year for violation of the Safe Schools Act.

**YEAS:** Boyles, Costello, Dragich, Pellegrin, Saunders **NAYS: 0**

**Mr. Pellegrin made a motion, seconded by Mr. Boyles to discuss items 3127, 4241, 4242, 4243, & 4244 at 7:15 pm**

**YEAS:** Boyles, Costello, Dragich, Pellegrin, Saunders **NAYS: 0**

**Mr. Pellegrin made a motion, seconded by Mr. Boyles to return to regular session at 8:17 pm**

**YEAS:** Boyles, Costello, Dragich, Pellegrin, Saunders **NAYS: 0**

**The Superintendent pulled item 4241.**

**PULLED** RECOMMENDATION: MOTION \_\_\_\_\_ YEAS: \_\_\_\_\_ NAYS: \_\_\_\_\_

Time: \_\_\_\_\_

**~~4241 SUSPENSIONS – PROFESSIONAL~~**

~~The Superintendent recommends approval of \_\_\_\_\_, \_\_\_\_\_, be suspended for 30 school days and to be served on November 15, 2022–January 6, 2023 for Violation of the Employee Code of Conduct.~~

**The Superintendent pulled item 4242.**

**PULLED** RECOMMENDATION: MOTION \_\_\_\_\_ YEAS: \_\_\_\_\_ NAYS: \_\_\_\_\_

Time: \_\_\_\_\_

**~~4242 SUSPENSIONS – PROFESSIONAL~~**

~~The Superintendent recommends approval of \_\_\_\_\_, \_\_\_\_\_, be suspended for 30 school days and to be served on November 4, 2022–January 3, 2023 for Exposing students to sexually explicit material.~~

Mr. Pellegrin made a motion, seconded by Mr. Saunders to approve the following:

**4243 SUSPENSIONS -SERVICE**

The approval of Melissa Harr, Cafeteria Manager, be suspended for 1 school day and to be served on November 2, 2022 for Failure to report to work on time.

**YEAS:** Boyles, Costello, Dragich, Pellegrin, Saunders      **NAYS: 0**

Mr. Pellegrin made a motion, seconded by Mr. Boyles to approve the following:

**4244 COACH -TERMINATION**

The approval of Walter Miller, Boys Basketball 7<sup>th</sup> Grade Coach to be terminated for failure to complete paperwork.

**YEAS:** Boyles, Costello, Dragich, Pellegrin, Saunders      **NAYS: 0**

- Mr. Boyles - Thank you! Levy Committee Security Assessment/Action
- Mr. Dragich - Congratulations to the Football teams getting into the playoffs.  
Fine arts – Veterans Day Parade  
Drama Department – Basket Bingo
- Mr. Pellegrin - Happy about recognitions  
Parental Responsibility/Expulsions
- Mr. Saunders - Happy with the work of the Maintenance Dept  
Summit meetings  
Cleanliness of schools  
Vaping issues  
Shout out to the Christmas Toy Shop  
Happy Thanksgiving
- Mrs. Costello - Levy Committee  
Football Teams made Marion County Proud

**18-8000 LEGAL UPDATE**  
N/A

**18-9000 FUTURE MEETINGS**

DATE	PURPOSE	TIME	PLACE
Dec 5	Mon Regular Session	6:00 pm	Central Office
Dec 14	Wed Special Session	10:00 am	Central Office
Dec 19	Mon Regular Session	6:00 pm	Central Office
Jan 3	<b>Tue</b> Regular Session	6:00 pm	Central Office
Jan 17	<b>Tue</b> Regular Session	6:00 pm	Central Office

**ADJOURNED**

*Mr. Pellegrin made a motion, seconded by Mr. Boyles to adjourn at 8:27 pm.*

**YEAS:** *Boyles, Costello, Dragich, Pellegrin, Saunders*      **NAYS: 0**

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***Mrs. Donna Costello, President***

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***Dr. Donna Hage, Superintendent/Secretary***

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***Robin Haught, Executive Secretary***

19-2243



C. Norman  
11/28/2022

**MARION COUNTY BOARD OF EDUCATION**

1516 MARY LOU RETTON DRIVE  
FAIRMONT, WV 26554

MR. CHAD A. NORMAN  
ADMINISTRATIVE ASSISTANT  
TECHNOLOGY, TRANSPORTATION, & CHILD NUTRITION

Work Phone: (304)367.2103  
Fax: (304) 368.0589

November 28, 2022

Ms. Haught,

Please place the following item on the Marion County Board of Education Agenda for board approval as a request from the Technology Department. Thank you.

If approved this will be the final stage of the ROC Watch project and allow Marion County Schools to continue with the installation of the ***ROC Watch – Scalable, Intelligent video alerting solution.***

- 1) **Funding:** Marion County Schools Technology Department
- 2) **Product:** (23) Cisco Meraki MV22 Gen II Network Surveillance Camera and (23) 5-year Enterprise and Support Subscription
- 3) **Amount:** \$25,139.80
- 4) **Note:** Marion County Schools purchase of the new Meraki Camera's in the amount of \$25,139.00 will be deducted from the total cost of the ROC Watch Project. Marion County Schools will pay for the installation of the 23 new cameras.
- 5) **Additional Bids:** Alpha Technologies currently has an extensive footprint in Marion County Schools with the previous 859 Meraki Security Cameras. This new purchase must interface with our current Meraki Dashboard System and allow management through the Meraki Console.

19-2248

alpha  
TECHNOLOGIES



Marion County Schools

We have prepared a quote for you

Meraki MV Camera Refresh

Quote #1006113

Version 1

☎ 304-201-7485

🌐 [www.alpha-tech.us](http://www.alpha-tech.us)




Phone: 304-201-7485

Email: [jstewart@alpha-tech.us](mailto:jstewart@alpha-tech.us)

Web: [www.alpha-tech.us](http://www.alpha-tech.us)

**Hardware**

Description		Price	Qty	Ext. Price
MV22X-HW	 <b>Cisco Meraki MV22 - Network surveillance camera - dome - indoor - color (Day&amp;Night) - 4 MP - 2688 x 1520 - 1080p - vari-focal - audio - wireless - Wi-Fi - GbE - H.264 - PoE</b>	\$726.00	23	\$16,698.00
LIC-MV-5YR	<b>Meraki Enterprise + 5 Years Enterprise Support - Subscription License - 1 Camera - 5 Year - Meraki MV Series Security Camera - License - 5 Year License Validation Period</b>	\$367.00	23	\$8,441.00
			<b>Subtotal:</b>	<b>\$25,139.00</b>



Phone: 304-201-7485

Email: [jstewart@alpha-tech.us](mailto:jstewart@alpha-tech.us)

Web: [www.alpha-tech.us](http://www.alpha-tech.us)

## Meraki MV Camera Refresh

**Prepared by:**

**Alpha Technologies, Inc.**

James Stewart  
304-201-7485  
[jstewart@alpha-tech.us](mailto:jstewart@alpha-tech.us)

**Prepared for:**

**Marion County Schools**

1516 Mary Lou Retton Drive  
Fairmont, WV 26554  
Chad Norman  
13046571224  
[cnorman@k12.wv.us](mailto:cnorman@k12.wv.us)


**Quote Information:**

**Quote #: 1006113**  
Version: 1  
Delivery Date: 11/22/2022  
Expiration Date: 12/03/2022

### Quote Summary

Description	Amount
Hardware	\$25,139.00
<b>Total:</b>	<b>\$25,139.00</b>

**Alpha Technologies, Inc.**

Signature:   
 Name: James Stewart  
 Title: Infrastructure Sales Engineer  
 Date: 11/22/2022

**Marion County Schools**

Signature: \_\_\_\_\_  
 Name: Chad Norman  
 Date: \_\_\_\_\_

## Marion County Schools – BOOSTER INFO / 2022-2023

School Barrackville

Booster Group PTO

### Aligning County Booster Organizations with WV State Accounting Procedures

- All booster groups must follow the "Accounting Procedures Manual For The Public Schools In The State Of West Virginia".
- All booster groups must have approved by-laws with a president, vice president, secretary, and treasurer. All booster groups must have voted on and approved officers.
- The date of the election of officers is to be submitted to the school principal.
- All booster fundraisers must be approved and placed on the school fundraiser calendar.
- All booster groups must have their own one million dollar liability insurance policy.
- Documentation of liability insurance policy must be submitted to school principal.
- Booster organizations may elect to deposit monies in the school account with a separate title. If money is in school account with FEIN number they do not need liability insurance.
- Elimination dinner money cannot be deposited into school account.
- Booster groups must provide financial records at the end of the year to principal.

1) Name of booster Group: PTO

2) Booster Group FEIN (**MUST INCLUDE A COPY OF THE IRS FEIN VERIFICATION FORM**): 82-2762092

3) Booster Group by-laws submitted by August 1<sup>st</sup> of each year: (UPDATED)

Date received ~~8-2-22~~ 9-2021

4) Date of the election of booster officers: 5-18-22

5) Name of booster President: Leigha Royce Phone # 681-404-9371

6) Name of booster Vice President: Sara Carpenter Phone # 304-612-4730

7) Name of booster Secretary: Julie McCartney Phone # 304-694-1826

8) Name of booster Treasurer: Bethany Syppa Phone # 304-685-2635

9) Booster fundraisers listed on school fundraiser calendar in the main office: yes

Social Media CAITLIN SIMPKINS 321-888-0173

10) Proof of booster Liability Insurance to principal (*Must include Marion County Schools as an additional insured*):  Date submitted: 9-2021

11) Submit annual financial statement for year ending June 30, 2022 of the school support organization with this application: yes Date submitted: 5-19-22

12) Attach a copy of the Booster Annual Financial report/year ending bank statement as of June 30, 2022 .

13) Financial records submitted to the principal at the conclusion of the season:

14) Principal is to receive 2 copies of the annual financial statements by each school support organization: yes

15) An inventory of all uniforms, equipment, and other team merchandise has been submitted to the school principal. yes

16) All items provided to athletes and coaches to be returned at the end of the year.

#### Signatures

Principal

Dicki Bonnard

(Submit to Superintendent prior to July 15)

Superintendent

(To be approved by Board first meeting in July)

**FILE WITH TREASURER OF MARION COUNTY BOARD OF EDUCATION.**

ANNUAL FINANCIAL REPORT 2021-2022

SCHOOL Bauackville Elementary/Middle  
Booster Group Bauackville PTO

Reconciled Beginning Balance as of July 1, 2021	\$14,683.35
Total Annual Income	\$36,383.88 ADD
Total Annual Expenses	\$26,092.18 SUBTRACT
Reconciled Ending Balance as of June 30, 2022	\$24,975.05

Booster President Signature [Signature] Date 9/6/22

Booster Treasurer Signature [Signature] Date 8/31/22



# CERTIFICATE OF LIABILITY INSURANCE

19-2249

DATE (MM/DD/YYYY)  
11/02/2022

**PRODUCER**  
 aALPHA AGENCIES LLC  
 1756 A MILEGROUND RD  
 MORGANTOWN, WV 26505

**INSURED**  
 BARRACKVILLE PTO  
 PO BOX 150  
 BARRACKVILLE, WV 26559

THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: LIBERTY MUTUAL	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

### COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	BLS 62040908	09/16/2022	09/16/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 ADDITIONAL INSURED: MARION COUNTY SCHOOLS  
 1516 MARY LOU RETTON DR,  
 FAIRMONT, WV 26554

CERTIFICATE HOLDER	CANCELLATION
MARION COUNTY SCHOOLS 1516 MARY LOU RETTON DR FAIRMONT, WV 26554	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE

19-2249

Date of this notice: 09-12-2017

Employer Identification Number:  
82-2762092

Form: SS-4

Number of this notice: CP 575 E

BARRACKVILLE PTO  
% BETHANY SYPOLT  
PO BOX 150  
BARRACKVILLE, WV 26559

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 82-2762092. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status under Internal Revenue Code Section 501(c)(3), organizations must complete a Form 1023-series application for recognition. All other entities should file Form 1024 if they want to request recognition under Section 501(a).

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

Unless a filing exception applies to you (search [www.irs.gov](http://www.irs.gov) for Annual Exempt Organization Return: Who Must File), you will lose your tax-exempt status if you fail to file a required return or notice for three consecutive years. We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter.

For the most current information on your filing requirements and other important information, visit [www.irs.gov/charities](http://www.irs.gov/charities).





MARION COUNTY BOARD OF EDUCATION  
FACILITY USE/RENTAL AGREEMENT

19-2250

This agreement dated the 7<sup>th</sup> day of November, 2022, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Banackville PTO (hereafter known as Organization).

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as Banackville School,

NOW, THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the Organization agree that:

- I. Organization Name Banackville PTO
- II. Contact Name Reigha Royce, President
- III. Address PO BOX 150 Banackville
- IV. Phone Number 681-404-9371
- V. The MCBOE covenants and agrees that it shall, from August, 22, 2022 through May 31, 2023, make available to the Banackville PTO the Banackville School for the purpose of fundraising & student enrichment. The activities herein described pertain to the Organization's group exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the facility will not be available.
- VI. Is the planned activity a non-profit making venture? yes

Criteria: 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations.

July 22, 1985 St. Superintendent interpretation states in part that question: is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible...unless such ventures would not have a community purpose.

XIV. MCBOE shall inspect Barrackville School after Organization's usage to ensure that no damages occurred as a direct result of Organization's usage.

19-2250

XV. Organization will receive one key to be used by signer and assigns only, with no duplicates to be made or used by others. If the key is used by others or during non-scheduled times by others, this contract will be immediately terminated.

XVI. The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in force and effect from 8/22/22 2023, until the 5/31/23 day of \_\_\_\_\_; however, either party upon thirty (30) days written notice to the other may, with impunity, terminate this agreement immediately for any reason whatsoever. This agreement constitutes the entire agreement existing between the parties. There are no other agreements, oral or otherwise, which modifies or affects this agreement. The AGREEMENT and all terms and provisions herein shall extend to and be binding on their successors and assigns.

Bethany D. Syport, Treasurer  
Representative of Organization

11/7/22  
Date

Dickie Beumgard  
Principal or Designee

11/18/22  
Date

Cheryl Spitzer  
Administrative Assistant of Maintenance, Facilities and Athletics

11.18.22  
Date

Superintendent  
Angela Ryzee, President  
Board President

Date  
11/7/22  
Date

- 8/26/08
- 2/23/15
- 8/12/21
- 11/30/21
- 3/3/22
- 07/28/22



# CERTIFICATE OF LIABILITY INSURANCE

19-2250  
DATE (MM/DD/YYYY)  
11/02/2022

**PRODUCER**  
aALPHA AGENCIES LLC  
1756 A MILEGROUND RD  
MORGANTOWN, WV 26505

THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURED**  
BARRACKVILLE PTO  
PO BOX 150  
BARRACKVILLE, WV 26559

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: LIBERTY MUTUAL	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

### COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	BLS 62040908	09/16/2022	09/16/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 ADDITIONAL INSURED: MARION COUNTY SCHOOLS  
 1516 MARY LOU RETTON DR,  
 FAIRMONT, WV 26554

**CERTIFICATE HOLDER**  
 MARION COUNTY SCHOOLS  
 1516 MARY LOU RETTON DR  
 FAIRMONT, WV 26554

**CANCELLATION**  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
 AUTHORIZED REPRESENTATIVE

19-2250

Form **W-9**  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**BARRACKVILLE PTO**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) **501c3**

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
**PO BOX 150**

6 City, state, and ZIP code  
**BARRACKVILLE WV 26559**

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.  
See Specific Instructions on page 3.

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

				-						
--	--	--	--	---	--	--	--	--	--	--

OR

Employer identification number

8	2	-	2	7	6	2	0	9	2
---	---	---	---	---	---	---	---	---	---

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here    Signature of U.S. person ▶ **Bethany J. [Signature]**    Date ▶ **11/7/2022**

## General Instructions

Section references are to the internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT

This agreement dated the fourteenth day of November, 2022, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Marion County Parks and Recreation Commission (hereafter known as Organization).

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as Bocrackville Elementary/Middle School

NOW, THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the Organization agree that:

- I Organization Name Marion County Parks and Recreation Commission
II Contact Name Tina Mascaro
III Address 1000 Cole St, Suite B, Pleasant Valley
IV Phone Number 304-707-3708 or 304-363-7037
V The MCBOE covenants and agrees that it shall, from November 20, 2022 through February 28, 2023 make available to the MCPARC K-3 Basketball League the Gymnasium for the purpose of K-3 basketball practice. The activities herein described pertain to the Organization's group exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the facility will not be available.
VI Is the planned activity a non-profit making venture? yes

Criteria: 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations

July 22, 1985 St Superintendent interpretation states in part that question is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible unless such ventures would not have a community purpose

VII. Organization agrees to assure that said Organization is a Not-For-Profit entity.

FEIN Number 55-1060152 (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate)

VIII. Organization covenants and agrees that the scheduling of its events utilizing the Burrockville Elementary School <sup>gymnasium</sup> as provided for herein shall be coordinated with and through the Organization, and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.

IX. Organization agrees to a facility use fee of \$ \_\_\_\_\_ per \_\_\_\_\_ in addition to a \$ \_\_\_\_\_ custodial fee per \_\_\_\_\_  
(Additional fees may apply depending on facility) \$ \_\_\_\_\_ for \_\_\_\_\_

X. Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.

.....This section must be completed..... Liability Insurance  
Information: (minimum of \$1,000,000 liability required by MCBOE)

Insurance Company: WV Counties Risk Pool

Policy Number WV-MA-024P-22

.....Attach a copy of the policy to the application.....

XI. Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in connection with the following

A. Any injury, or the death of, any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement

B. Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE

XII. Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility

XIII. Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, and municipal authorities including but not limited to all safety regulations and health department rules and regulations

XIV. MCBOE shall inspect Barrackville Elementary Gymnasium after Organization's usage to ensure that no damages occurred as a direct result of Organization's usage

XV. Organization will receive one key to be used by signer and assigns only, with no duplicates to be made or used by others. If the key is used by others or during non-scheduled times by others, this contract will be immediately terminated.

XVI. The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in force and effect from November 20, 2022 until the last day of February 2023; however, either party upon thirty (30) days written notice to the other may, with impunity, terminate this agreement immediately for any reason whatsoever. This agreement constitutes the entire agreement existing between the parties. There are no other agreements, oral or otherwise, which modifies or affects this agreement. The AGREEMENT and all terms and provisions herein shall extend to and be binding on their successors and assigns

Ina Mascaro  
Representative of Organization

11-14-22  
Date

Sarah Goussard Assistant Principal  
Principal or Designee

11-16-2022  
Date

[Signature]  
Administrative Assistant of Maintenance, Facilities and Athletics

11-21-22  
Date

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board President

\_\_\_\_\_  
Date

- 8/26/08
- 2/23/15
- 8/12/21
- 11/30/21
- 3/3/22
- 07/28/22

**Marion County Board of Education  
509 Pike Street  
Barrackville School  
Barrackville, WV 26559**



## CERTIFICATE OF COVERAGE

Issue Date: 11/14/2022

**THIS CERTIFICATE OF COVERAGE IS ISSUED AS A MATTER OF INFORMATION ONLY. IT CONFERS NO RIGHTS UPON THE THIRD PARTY REQUESTING THE CERTIFICATE BEYOND WHAT THE REFERENCED COVERAGE CONTRACT EXPRESSLY PROVIDES. THIS CERTIFICATE OF COVERAGE DOES NOT EXTEND, AMEND, OR ALTER THE COVERAGE, TERMS, EXCLUSIONS, OR CONDITIONS AFFORDED BY THE COVERAGE CONTRACT REFERENCED IN THIS CERTIFICATE OF COVERAGE**

<b>PRODUCER:</b>	Risk Management Programs, Inc. 1819 Electric Road, Suite C Roanoke, VA 24018	<b>CONTACT NAME:</b>	Raevyn Allen
		<b>PHONE:</b>	(844) 986-2705
		<b>EMAIL:</b>	rallen@riskprograms.com
<b>MEMBER:</b>	Marion County Parks and Recreation PO Box 1258 Fairmont, WV 26555	<b>COMPANIES AFFORDING COVERAGE</b>	
		<b>COMPANY A:</b>	West Virginia Communities Risk Pool

### COVERAGES

This is to certify that the coverages listed below have been issued to the member named above for the contract period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded by the coverages described herein is subject to all the terms, exclusions and conditions of such coverage contracts. Limits shown may have been reduced by paid claims.

CO LTR	TYPE OF COVERAGE	CONTRACT NUMBER	CONTRACT EFFECTIVE DATE	CONTRACT EXPIRATION DATE	LIMITS / DEDUCTIBLES
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Occurrence	VW-MA-024P-23	07/01/2022	07/01/2023	Each Occurrence <span style="float: right;">Lim \$1,000,000</span>
					Fire Damage (Any one fire) <span style="float: right;">Lim \$100,000</span>
					General Aggregate <span style="float: right;">Lim NONE</span>
					Personal & ADV Injury <span style="float: right;">Lim \$1,000,000</span>
					Products - Comp/OP <span style="float: right;">Lim \$1,000,000</span>
					General Liability <span style="float: right;">Ded \$0</span>
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> All Owned Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Non-Owned Autos	VW-MA-024P-23	07/01/2022	07/01/2023	Combined Single Limit <span style="float: right;">Lim \$1,000,000</span>
					Auto Liability <span style="float: right;">Ded \$0</span>
A	<b>AUTOMOBILE PHYSICAL DAMAGE</b>	VW-MA-024P-23	07/01/2022	07/01/2023	Collision (ACV) <span style="float: right;">Ded \$1,000</span>
					Comprehensive (ACV) <span style="float: right;">Ded \$1,000</span>
A	<b>CRIME</b>	VW-MA-024P-23	07/01/2022	07/01/2023	Blanket <span style="float: right;">Lim \$250,000</span>
					Per Occurrence <span style="float: right;">Ded \$250</span>
A	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> Excess General Liability <input checked="" type="checkbox"/> Excess Automobile Liability <input type="checkbox"/> Excess Law Enforcement Liability <input checked="" type="checkbox"/> Excess Public Officials Liability <input type="checkbox"/> Excess Educators Legal Liability <input checked="" type="checkbox"/> Other than Umbrella Form	VW-MA-024P-23	07/01/2022	07/01/2023	Excess Automobile Liability - Aggregate <span style="float: right;">Lim NONE</span>
					Excess Automobile Liability - Each Occurrence <span style="float: right;">Lim \$1,000,000</span>
					Excess General Liability - Aggregate <span style="float: right;">Lim NONE</span>
					Excess General Liability - Each Occurrence <span style="float: right;">Lim \$1,000,000</span>
					Excess Public Officials Liability - Aggregate <span style="float: right;">Lim \$1,000,000</span>
					Excess Public Officials Liability - Each Occurrence <span style="float: right;">Lim \$1,000,000</span>
A	<b>INLAND MARINE</b>	VW-MA-024P-23	07/01/2022	07/01/2023	Blanket per Schedule on File
A	<b>PROPERTY</b>	VW-MA-024P-23	07/01/2022	07/01/2023	Blanket per Schedule on File
					Building & Contents <span style="float: right;">Ded \$1,000</span>

SS-01

19-2251

A	PUBLIC OFFICIALS LIABILITY <input checked="" type="checkbox"/> Occurrence	WV-MA-024P-23	07/01/2022	07/01/2023	Aggregate	Lim. \$1,000,000
					Each Wrongful Act	Lim. \$1,000,000
					Per Occurrence	Ded. \$2,500
A	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	WV-MA-024P-23	07/01/2022	07/01/2023	EL Disease - Each Emp.	Lim. \$1,000,000
					EL Disease - Policy Limit	Lim. \$1,000,000
					EL Each Accident	Lim. \$1,000,000
					<input checked="" type="checkbox"/> WC Statutory Limits	
					WC Deductible	Ded. \$0

**Description of Operations / Locations / Vehicles / Special Items / Notes**

RE McParc K-3 Basketball

Certificate Holder is added as an additional insured to the extent permitted by the laws of the State of WV and only in respect to claims or actions arising from or in connection with negligent acts of the Member, its employees, agents or officials.

CERTIFICATE HOLDER	Authorized Representative
Marion County Board of Education 509 Pike Street Barrackville School Barrackville, WV 26559	<i>Raunyn Allen</i>

MARION COUNTY BOARD OF EDUCATION  
FACILITY USE/RENTAL AGREEMENT

19-2258

This agreement dated the 17<sup>th</sup> day of November, 2022, by and between the Marion County Board of Education (hereafter known as MCBOE) and the East Park Elementary School (hereafter known as Organization).

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as East Park Elementary Gym.

NOW, THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the Organization agree that:

- I. Organization Name MCPARC
- II. Contact Name Tony Michalski
- III. Address MCPARC
- IV. Phone Number \_\_\_\_\_

V. The MCBOE covenants and agrees that it shall, from November 17, 2022 through February 2022-2023, make available to the MCPARC K-1 Basketball Team #3 for the purpose of Basketball Practice. The activities herein described pertain to the Organization's group exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the facility will not be available.

VI. Is the planned activity a non-profit making venture? NO

Criteria: 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations

July 22, 1985 St. Superintendent interpretation states in part that question: is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible... unless such ventures would not have a community purpose.

VII. Organization agrees to assure that said Organization is a Not-For-Profit entity.

FEIN Number 55-6060152 (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate)

VIII. Organization covenants and agrees that the scheduling of its events utilizing the East Park Gym as provided for herein shall be coordinated with and through the Organization, and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.

IX. Organization agrees to a facility use fee of \$ \_\_\_\_\_ per \_\_\_\_\_ in addition to a \$ \_\_\_\_\_ custodial fee per \_\_\_\_\_ (Additional fees may apply depending on facility) \$ \_\_\_\_\_ for \_\_\_\_\_

X. Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.

.....This section must be completed..... Liability Insurance Information: (minimum of \$1,000,000 liability required by MCBOE)

Insurance Company: Marion County

Policy Number WN-MA-024P-22

.....Attach a copy of the policy to the application.....

XI. Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in connection with the following:

- A. Any injury, or the death of, any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement.
- B. Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE.

XII. Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.

XIII. Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, and municipal authorities including but not limited to all safety regulations and health department rules and regulations.

XIV. MCBOE shall inspect East Park Gym after Organization's usage to ensure that no damages occurred as a direct result of Organization's usage.

XV. Organization will receive one key to be used by signer and assigns only, with no duplicates to be made or used by others. If the key is used by others or during non-scheduled times by others, this contract will be immediately terminated.

XVI. The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in force and effect from November 2022 until the \_\_\_\_\_ day of February 2023; however, either party upon thirty (30) days written notice to the other may, with impunity, terminate this agreement immediately for any reason whatsoever. This agreement constitutes the entire agreement existing between the parties. There are no other agreements, oral or otherwise, which modifies or affects this agreement. The AGREEMENT and all terms and provisions herein shall extend to and be binding on their successors and assigns.

Adam Pethtel (Coach), Jeremy Evans (Coach)  
Representative of Organization 11-17-22  
Date

[Signature]  
Principal or Designee 11/17/22  
Date

[Signature]  
Administrative Assistant of Maintenance, Facilities and Athletics 11-21-22  
Date

\_\_\_\_\_  
Superintendent \_\_\_\_\_  
Date

\_\_\_\_\_  
Board President \_\_\_\_\_  
Date

- 8/26/08
- 2/23/15
- 8/12/21
- 11/30/21
- 3/3/22
- 07/28/22



MARION COUNTY BOARD OF EDUCATION  
FACILITY USE/RENTAL AGREEMENT

19-2258

This agreement dated the fourteenth day of November, 2022, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Marion County Parks and Recreation Commission (hereafter known as Organization).

FSHS  
WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as 201<sup>st</sup> Field House 1500 Mary Lou Ketter Rd.

NOW, THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the Organization agree that:

- I. Organization Name Marion County Parks and Recreation Commission
- II. Contact Name Tina Mascaro
- III. Address 1000 Cole Street Suite B, Pleasant Valley
- IV. Phone Number 304-707-3708 or 304-363-7037
- V. The MCBOE covenants and agrees that it shall, from nov 20, Dec 4, 11, 18  
Jan. 8, 15, 22, 29 Feb 5, 12, 19, 26 March 5  
through \_\_\_\_\_, make available to the MCPARC Basketball League the 201<sup>st</sup> Field House for the purpose of K-3 Basketball League. The activities herein described pertain to the Organization's group exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the facility will not be available.
- VI. Is the planned activity a non-profit making venture? yes

Criteria 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations

July 22, 1985 St. Superintendent interpretation states in part that question is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes. It is permissible unless such ventures would not have a community purpose

VII. Organization agrees to assure that said Organization is a Not-For-Profit entity.

FEIN Number 55-6060152 (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate)

VIII Organization covenants and agrees that the scheduling of its events utilizing the 2017 Field House as provided for herein shall be coordinated with and through the Organization, and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.

IX Organization agrees to a facility use fee of \$ \_\_\_\_\_ per \_\_\_\_\_ in addition to a \$ \_\_\_\_\_ custodial fee per \_\_\_\_\_  
(Additional fees may apply depending on facility) \$ \_\_\_\_\_ for \_\_\_\_\_

X Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.

.....This section must be completed..... Liability Insurance Information: (minimum of \$1,000,000 liability required by MCBOE)

Insurance Company: WV Counties Risk Pool

Policy Number WV-MA-024P-22

.....Attach a copy of the policy to the application.....

XI Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in connection with the following

A Any injury, or the death of, any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement

B Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE

XII Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.

XIII Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, and municipal authorities including but not limited to all safety regulations and health department rules and regulations



XIV. MCBOE shall inspect 201<sup>st</sup> Field House after Organization's usage to ensure that no damages occurred as a direct result of Organization's usage.

XV. Organization will receive one key to be used by signer and assigns only, with no duplicates to be made or used by others. If the key is used by others or during non-scheduled times by others, this contract will be immediately terminated.

XVI. The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in force and effect from November 14, 2022 until the March 5, 2022 day of \_\_\_\_\_; however, either party upon thirty (30) days written notice to the other may, with impunity, terminate this agreement immediately for any reason whatsoever. This agreement constitutes the entire agreement existing between the parties. There are no other agreements, oral or otherwise, which modifies or affects this agreement. The AGREEMENT and all terms and provisions herein shall extend to and be binding on their successors and assigns

Luca Mascaro  
\_\_\_\_\_  
Representative of Organization

11-14-22  
\_\_\_\_\_  
Date

[Signature]  
\_\_\_\_\_  
Principal or Designee

11/16/22  
\_\_\_\_\_  
Date

[Signature]  
\_\_\_\_\_  
Administrative Assistant of Maintenance, Facilities and Athletics

11-21-22  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board President

\_\_\_\_\_  
Date

- 8/26/08
- 2/23/15
- 8/12/21
- 11/30/21
- 3/3/22
- 07/28/22

088-81

**Marion County Board of Education  
1516 Mary Lou Retton Dr.  
201st Fmt Sr Fieldhouse  
Fairmont, WV 26554**

19-2253

# CERTIFICATE OF COVERAGE

Issue Date: 11/14/2022

THIS CERTIFICATE OF COVERAGE IS ISSUED AS A MATTER OF INFORMATION ONLY. IT CONFERS NO RIGHTS UPON THE THIRD PARTY REQUESTING THE CERTIFICATE BEYOND WHAT THE REFERENCED COVERAGE CONTRACT EXPRESSLY PROVIDES. THIS CERTIFICATE OF COVERAGE DOES NOT EXTEND, AMEND, OR ALTER THE COVERAGE, TERMS, EXCLUSIONS, OR CONDITIONS AFFORDED BY THE COVERAGE CONTRACT REFERENCED IN THIS CERTIFICATE OF COVERAGE

<b>PRODUCER:</b>	Risk Management Programs, Inc. 1819 Electric Road, Suite C Roanoke, VA 24018	<b>CONTACT NAME:</b>	Raevyn Allen
		<b>PHONE:</b>	(844) 986-2705
		<b>EMAIL:</b>	rallen@riskprograms.com
<b>MEMBER:</b>	Marion County Parks and Recreation PO Box 1258 Fairmont, WV 26555	<b>COMPANIES AFFORDING COVERAGE</b>	
		<b>COMPANY A:</b>	West Virginia Communities Risk Pool

## COVERAGES

This is to certify that the coverages listed below have been issued to the member named above for the contract period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded by the coverages described herein is subject to all the terms, exclusions and conditions of such coverage contracts. Limits shown may have been reduced by paid claims.

CO LTR	TYPE OF COVERAGE	CONTRACT NUMBER	CONTRACT EFFECTIVE DATE	CONTRACT EXPIRATION DATE	LIMITS / DEDUCTIBLES
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Occurrence	WV-MA-024P-23	07/01/2022	07/01/2023	Each Occurrence <span style="float: right;">Lim. \$1,000,000</span>
					Fire Damage (Any one fire) <span style="float: right;">Lim. \$100,000</span>
					General Aggregate <span style="float: right;">Lim. NONE</span>
					Personal & ADV Injury <span style="float: right;">Lim. \$1,000,000</span>
					Products - Comp/OP <span style="float: right;">Lim. \$1,000,000</span>
					General Liability <span style="float: right;">Ded. \$0</span>
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> All Owned Autos <input type="checkbox"/> H-red Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Non-Owned Autos	WV-MA-024P-23	07/01/2022	07/01/2023	Combined Single Limit <span style="float: right;">Lim. \$1,000,000</span>
					Auto Liability <span style="float: right;">Ded. \$0</span>
A	<b>AUTOMOBILE PHYSICAL DAMAGE</b>	WV-MA-024P-23	07/01/2022	07/01/2023	Collision (ACV) <span style="float: right;">Ded. \$1,000</span>
					Comprehensive (ACV) <span style="float: right;">Ded. \$1,000</span>
A	<b>CRIME</b>	WV-MA-024P-23	07/01/2022	07/01/2023	Blanket <span style="float: right;">Lim. \$250,000</span>
					Per Occurrence <span style="float: right;">Ded. \$250</span>
A	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> Excess General Liability <input checked="" type="checkbox"/> Excess Automobile Liability <input type="checkbox"/> Excess Law Enforcement Liability <input checked="" type="checkbox"/> Excess Public Officials Liability <input type="checkbox"/> Excess Educators Legal Liability <input checked="" type="checkbox"/> Other than Umbrella Form	WV-MA-024P-23	07/01/2022	07/01/2023	Excess Automobile Liability - Aggregate <span style="float: right;">Lim. NONE</span>
					Excess Automobile Liability - Each Occurrence <span style="float: right;">Lim. \$1,000,000</span>
					Excess General Liability - Aggregate <span style="float: right;">Lim. NONE</span>
					Excess General Liability - Each Occurrence <span style="float: right;">Lim. \$1,000,000</span>
					Excess Public Officials Liability - Aggregate <span style="float: right;">Lim. \$1,000,000</span>
					Excess Public Officials Liability - Each Occurrence <span style="float: right;">Lim. \$1,000,000</span>
A	<b>INLAND MARINE</b>	WV-MA-024P-23	07/01/2022	07/01/2023	Blanket per Schedule on File.
A	<b>PROPERTY</b>	WV-MA-024P-23	07/01/2022	07/01/2023	Blanket per Schedule on File.
					Building & Contents <span style="float: right;">Ded. \$1,000</span>

A	PUBLIC OFFICIALS LIABILITY <input checked="" type="checkbox"/> Occurrence	WV-MA-024P-23	07/01/2022	07/01/2023	Aggregate	Lim. \$1,000,000
					Each Wrongful Act	Lim. \$1,000,000
					Per Occurrence	Ded. \$2,500
A	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	WV-MA-024P-23	07/01/2022	07/01/2023	EL Disease - Each Emp.	Lim. \$1,000,000
					EL Disease - Policy Limit	Lim. \$1,000,000
					EL Each Accident	Lim. \$1,000,000
					<input checked="" type="checkbox"/> WC Statutory Limits	
					WC Deductible	Ded. \$0
<b>Description of Operations / Locations / Vehicles / Special Items / Notes</b>						
RE Mpcarc K-3 Basketball						
Certificate Holder is added as an additional insured to the extent permitted by the laws of the State of WV and only in respect to claims or actions arising from or in connection with negligent acts of the Member, its employees, agents or officials.						
<b>CERTIFICATE HOLDER</b>				<b>Authorized Representative</b>		
Marion County Board of Education 1516 Mary Lou Retton Dr. 201st Fmt Sr Fieldhouse Fairmont, WV 26554				<i>Raunyn Allen</i>		

MARION COUNTY BOARD OF EDUCATION  
FACILITY USE/RENTAL AGREEMENT

This agreement dated the 14<sup>th</sup> day of November 2022 by and between the Marion County Board of Education (hereafter known as MCBOE) and the Marion County Parks and Recreation (hereafter known as Organization)

WHEREAS the Marion County Board of Education is the owner and manager of a certain facility known as Jayenne Elementary School

NOW THEREFORE in consideration of the mutual promises and covenant herein provide that the MCBOE and the Organization agree that

- I Organization Name MCPARC - Jayenne Team for 2nd/3rd grade
- II Contact Name Tyson Ferguson
- III Address 1331 Peacock Lane, Fairmont, WV 26554
- IV Phone Number (304) 657-8584
- V The MCBOE covenants and agrees that it shall from Nov. 21 2022 through March 30 2023 make available to the MCPARC Jayenne 2nd/3rd grade Team for the purpose of basketball practice (44 min) The activities herein described pertain to the Organization's group exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the facility will not be available.
- VI Is the planned activity a non profit making venture? Yes

Criteria: 490P Attorney General (14 of 1961) Board not authorized to rent or lease school property to profit making organizations.

July 27 1965 St. Superintendent interpretation states in part that question is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes it is permissible unless such ventures would not have a community purpose.

VI Organization agrees to assure that said Organization is a Not For-Profit entity

FEIN Number 55-6000152 (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate)

VIII Organization covenants and agrees that the scheduling of its events utilizing the Gym as provided for herein shall be coordinated with and through the Organization and said schedule will be provided to THE Administrative Assistant of Maintenance Facilities and Athletics

IX Organization agrees to a facility use fee of \$ waved per \_\_\_\_\_ in addition to a \$ \_\_\_\_\_ custodial fee per \_\_\_\_\_  
(Additional fees may apply depending on facility) \$ \_\_\_\_\_ for \_\_\_\_\_

X Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement

.....This section must be completed..... Liability Insurance Information (minimum of \$1,000,000 liability required by MCBOE)

Insurance Company Risk Management Programs Inc.

Policy Number WV-MA-024P-23

.....Attach a copy of the policy to the application.....

XI Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities losses claims demands costs expenses and judgments of any nature arising or alleged to rise from or in connection with the following

A Any injury or the death of any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement

B Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE

XII Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility

XIII Organization covenants and agrees that it shall comply with all laws orders and regulations of Federal State and municipal authorities including but not limited to all safety regulations and health department rules and regulations

XIV MCBOE shall inspect Gym after Organization's usage to ensure that no damages occurred as a direct result of Organization's usage

XV Organization will receive one key to be used by signer and assigns only with no duplicates to be made or used by others. If the key is used by others or during non-scheduled times by others this contract will be immediately terminated

XVI The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in force and effect from Nov. 21 2022 until the 30<sup>th</sup> day of March however either party upon thirty (30) days written notice to the other may, with impunity terminate this agreement immediately for any reason whatsoever. This agreement constitutes the entire agreement existing between the parties. There are no other agreements, oral or otherwise, which modifies or affects this agreement. The AGREEMENT and all terms and provisions herein shall extend to and be binding on their successors and assigns.

Tyler Gunn  
Representative of Organization

4/14/2022  
Date

Scott R. [Signature]  
Principal or Designee

4/18/2022  
Date

Chris [Signature]  
Administrative Assistant of Maintenance Facilities and Athletics

11-21-2022  
Date

Superintendent

\_\_\_\_\_  
Date

Board President

\_\_\_\_\_  
Date

- 8/26/08
- 2/23/15
- 8/12/21
- 11/30/21
- 3/3/22
- 07/28/22

Form **W-9**

Rev. October 2016,  
Department of the Treasury,  
IRS Revenue Service

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line. Do not leave this line blank.

**Marion County Parks And Recreation Commission**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

- Individual sole proprietor or single-member LLC
- Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) \_\_\_\_\_
- C Corporation
- S Corporation
- Partnership
- Trust/estate
- Other (see instructions) **Political Subdivision**

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

4 Exemption codes apply only to certain entities, not individuals; see instructions on page 3f.

Exempt payee code (if any): \_\_\_\_\_

Exemption from FATCA reporting code (if any): \_\_\_\_\_

Provide 9 accounts if partitioned outside the U.S.

5 Address (number, street, and apt. or suite no.). See instructions.

**P O Box 1258**

6 City, state, and ZIP code

**Fairmont, WV 26555**

7 List account number(s) here (optional)

Print or type  
See Specific Instructions on page 1

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I later. For other entities, it is your employer identification number (EIN). If you do not have a number, see how to get a TIN later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

or

Employer identification number

5 5 - 6 0 6 0 1 5 2

## Part II Certification

Under penalties of perjury, I certify that:

- 1 The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 2 I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3 I am a U.S. citizen or other U.S. person (defined below), and
- 4 The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part I, later.

Sign Here

Signature of U.S. person

*Cathy Hall*

Date

6/11/21

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (cancelled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien) to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What Is Backup Withholding?* after.



# CERTIFICATE OF COVERAGE

Issue Date 11/14/2022

THIS CERTIFICATE OF COVERAGE IS ISSUED AS A MATTER OF INFORMATION ONLY IT CONFERS NO RIGHTS UPON THE THIRD PARTY REQUESTING THE CERTIFICATE BEYOND WHAT THE REFERENCED COVERAGE CONTRACT EXPRESSLY PROVIDES THIS CERTIFICATE OF COVERAGE DOES NOT EXTEND, AMEND OR ALTER THE COVERAGE TERMS EXCLUSIONS OR CONDITIONS AFFORDED BY THE COVERAGE CONTRACT REFERENCED IN THIS CERTIFICATE OF COVERAGE

**PRODUCER**  
Risk Management Programs Inc  
1819 Electric Road, Suite C  
Roanoke, VA 24018

**CONTACT NAME** Raevyn Allen

**PHONE** (844) 986-2705

**EMAIL** rallen@riskprograms.com

**COMPANIES AFFORDING COVERAGE**

**MEMBER**  
Marion County Parks and Recreation  
PO Box 1258  
Fairmont WV 26555

**COMPANY A** West Virginia Communities Risk Pool

## COVERAGES

This is to certify that the coverages listed below have been issued to the member named above for the contract period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded by the coverages described herein is subject to all the terms, exclusions and conditions of such coverage contracts. Limits shown may have been reduced by paid claims.

CO LTR	TYPE OF COVERAGE	CONTRACT NUMBER	CONTRACT EFFECTIVE DATE	CONTRACT EXPIRATION DATE	LIMITS / DEDUCTIBLES																		
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Occurrence	WVMA 024P-23	07/01/2022	07/01/2023	<table border="1"> <tr><td>Each Occurrence</td><td>Lim</td><td>\$1,000,000</td></tr> <tr><td>Fire Damage (Any one fire)</td><td>Lim</td><td>\$100,000</td></tr> <tr><td>General Aggregate</td><td>Lim</td><td>NONE</td></tr> <tr><td>Personal &amp; AD&amp;V Injury</td><td>Lim</td><td>\$1,000,000</td></tr> <tr><td>Products - Cont. OP</td><td>Lim</td><td>\$1,000,000</td></tr> <tr><td>General Liability</td><td>Ded</td><td>\$0</td></tr> </table>	Each Occurrence	Lim	\$1,000,000	Fire Damage (Any one fire)	Lim	\$100,000	General Aggregate	Lim	NONE	Personal & AD&V Injury	Lim	\$1,000,000	Products - Cont. OP	Lim	\$1,000,000	General Liability	Ded	\$0
Each Occurrence	Lim	\$1,000,000																					
Fire Damage (Any one fire)	Lim	\$100,000																					
General Aggregate	Lim	NONE																					
Personal & AD&V Injury	Lim	\$1,000,000																					
Products - Cont. OP	Lim	\$1,000,000																					
General Liability	Ded	\$0																					
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> All Owned Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Non-Owned Autos	WVMA 024P-23	07/01/2022	07/01/2023	<table border="1"> <tr><td>Combined Single Limit</td><td>Lim</td><td>\$1,000,000</td></tr> <tr><td>Auto Liability</td><td>Ded</td><td>\$0</td></tr> </table>	Combined Single Limit	Lim	\$1,000,000	Auto Liability	Ded	\$0												
Combined Single Limit	Lim	\$1,000,000																					
Auto Liability	Ded	\$0																					
A	<b>AUTOMOBILE PHYSICAL DAMAGE</b>	WVMA 024P-23	07/01/2022	07/01/2023	<table border="1"> <tr><td>Collision (ACV)</td><td>Ded</td><td>\$1,000</td></tr> <tr><td>Comprehensive (ACV)</td><td>Ded</td><td>\$1,000</td></tr> </table>	Collision (ACV)	Ded	\$1,000	Comprehensive (ACV)	Ded	\$1,000												
Collision (ACV)	Ded	\$1,000																					
Comprehensive (ACV)	Ded	\$1,000																					
A	<b>CRIME</b>	WVMA 024P-23	07/01/2022	07/01/2023	<table border="1"> <tr><td>Blanket</td><td>Lim</td><td>\$250,000</td></tr> <tr><td>Per Occurrence</td><td>Ded</td><td>\$250</td></tr> </table>	Blanket	Lim	\$250,000	Per Occurrence	Ded	\$250												
Blanket	Lim	\$250,000																					
Per Occurrence	Ded	\$250																					
A	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> Excess General Liability <input checked="" type="checkbox"/> Excess Automobile Liability <input type="checkbox"/> Excess Law Enforcement Liability <input checked="" type="checkbox"/> Excess Public Officials Liability <input type="checkbox"/> Excess Educators/Esja Liability <input type="checkbox"/> Other than Individuals Form	WVMA 024P-23	07/01/2022	07/01/2023	<table border="1"> <tr><td>Excess Automobile Liability Aggregate</td><td>Lim</td><td>NONE</td></tr> <tr><td>Excess Automobile Liability Each Occurrence</td><td>Lim</td><td>\$1,000,000</td></tr> <tr><td>Excess General Liability Aggregate</td><td>Lim</td><td>NONE</td></tr> <tr><td>Excess General Liability Each Occurrence</td><td>Lim</td><td>\$1,000,000</td></tr> <tr><td>Excess Public Officials Liability Aggregate</td><td>Lim</td><td>\$1,000,000</td></tr> <tr><td>Excess Public Officials Liability Each Occurrence</td><td>Lim</td><td>\$1,000,000</td></tr> </table>	Excess Automobile Liability Aggregate	Lim	NONE	Excess Automobile Liability Each Occurrence	Lim	\$1,000,000	Excess General Liability Aggregate	Lim	NONE	Excess General Liability Each Occurrence	Lim	\$1,000,000	Excess Public Officials Liability Aggregate	Lim	\$1,000,000	Excess Public Officials Liability Each Occurrence	Lim	\$1,000,000
Excess Automobile Liability Aggregate	Lim	NONE																					
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Excess Public Officials Liability Aggregate	Lim	\$1,000,000																					
Excess Public Officials Liability Each Occurrence	Lim	\$1,000,000																					
A	<b>INLAND MARINE</b>	WVMA 024P-23	07/01/2022	07/01/2023	Blanket per Schedule on File																		
A	<b>PROPERTY</b>	WVMA 024P-23	07/01/2022	07/01/2023	<table border="1"> <tr><td>Blanket per Schedule on File</td><td></td><td></td></tr> <tr><td>Building &amp; Contents</td><td>Ded</td><td>\$1,000</td></tr> </table>	Blanket per Schedule on File			Building & Contents	Ded	\$1,000												
Blanket per Schedule on File																							
Building & Contents	Ded	\$1,000																					

19-2254

B	PUBLIC OFFICIALS LIABILITY 21 Occurrence	WV MA 24-7	11/01/23	11/01/23	Aggregate	Lim	\$1,000,000
					Each Wrongful Act	Lim	\$1,000,000
					Per Occurrence	Ded	\$2,500
A	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	WV MA 24-7	11/01/23	11/01/23	EL Disease - Each Emp	Lim	\$1,000,000
					EL Disease - Policy Limit	Lim	\$1,000,000
					EL Each Accident	Lim	\$1,000,000
					<input checked="" type="checkbox"/> WC Statutory Limits		
	WC Deductible	Ded	\$0				

**Description of Operations / Locations / Vehicles / Special Items / Notes**

RE: Midget K-3 Basketball

Certificate holder is added as an additional insured to the extent permitted by the laws of the State of WV and only in respect to claims or actions arising from or in connection with negligent acts of the Member, its employees, agents or officials.

CERTIFICATE HOLDER	Authorized Representative
Marion County Board of Education 1516 Mary Lou Retton Dr 201st East Sr Fieldhouse Fairmont WV 26554	

MARION COUNTY BOARD OF EDUCATION  
FACILITY USE/RENTAL AGREEMENT

This agreement dated the fourteenth day of November, 2022, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Marion County Parks and Recreation Commission (hereafter known as Organization).

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as Pleasant Valley Elementary School

NOW, THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the Organization agree that:

- I. Organization Name Marion County Parks and Recreation Commission
- II. Contact Name Tina Mascaro
- III. Address 1000 Cole St Suite B, Pleasant Valley
- IV. Phone Number 304-707-3708 or 304-363-7037
- V. The MCBOE covenants and agrees that it shall, from November 20, 2022 through February 28, 2023, make available to the MCPARC Basketball League the Gymnasium for the purpose of K-3 basketball practice. The activities herein described pertain to the Organization's group exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the facility will not be available.
- VI. Is the planned activity a non-profit making venture? Yes

Criteria 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations

July 22, 1985 St Superintendent interpretation states in part that question is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible...unless such ventures would not have a community purpose

VII Organization agrees to assure that said Organization is a Not-For-Profit entity.

FEIN Number 55460150 (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate)

VIII Organization covenants and agrees that the scheduling of its events utilizing the Pleasant Valley Elementary Gymnasium as provided for herein shall be coordinated with and through the Organization, and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.

IX Organization agrees to a facility use fee of \$ \_\_\_\_\_ per \_\_\_\_\_ in addition to a \$ \_\_\_\_\_ custodial fee per \_\_\_\_\_  
(Additional fees may apply depending on facility) \$ \_\_\_\_\_ for \_\_\_\_\_

X Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.

.....This section must be completed..... Liability Insurance Information: (minimum of \$1,000,000 liability required by MCBOE)

Insurance Company: WV Counties Risk Pool

Policy Number WV-MA-024P-22

.....Attach a copy of the policy to the application.....

XI Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in connection with the following:

A Any injury, or the death of, any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement.

B Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE.

XII Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.

XIII Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, and municipal authorities including but not limited to all safety regulations and health department rules and regulations.

- XIV. MCBOE shall inspect Pleasant Valley Elem. Gymnasium after Organization's usage to ensure that no damages occurred as a direct result of Organization's usage
- XV. Organization will receive one key to be used by signer and assigns only, with no duplicates to be made or used by others. If the key is used by others or during non-scheduled times by others, this contract will be immediately terminated.
- XVI. The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in force and effect from November 20, 2022 until the 20<sup>th</sup> last day of Feb. 2023; however, either party upon thirty (30) days written notice to the other may, with impunity, terminate this agreement immediately for any reason whatsoever. This agreement constitutes the entire agreement existing between the parties. There are no other agreements, oral or otherwise, which modifies or affects this agreement. The AGREEMENT and all terms and provisions herein shall extend to and be binding on their successors and assigns.

Ina Marano  
Representative of Organization

11-14-22  
Date

Kim Middlemass  
Principal or Designee

11/14/22  
Date

Cory [Signature]  
Administrative Assistant of Maintenance, Facilities and Athletics

11-21-22  
Date

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board President

\_\_\_\_\_  
Date

- 8/26/08
- 2/23/15
- 8/12/21
- 11/30/21
- 3/3/22
- 07/28/22

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**Marion County Board of Education  
58 Valley School Road  
Pleasant Valley Elementary  
Fairmont, WV 26554**

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## CERTIFICATE OF COVERAGE

Issue Date: 11/15/2022

**THIS CERTIFICATE OF COVERAGE IS ISSUED AS A MATTER OF INFORMATION ONLY. IT CONFERS NO RIGHTS UPON THE THIRD PARTY REQUESTING THE CERTIFICATE BEYOND WHAT THE REFERENCED COVERAGE CONTRACT EXPRESSLY PROVIDES. THIS CERTIFICATE OF COVERAGE DOES NOT EXTEND, AMEND, OR ALTER THE COVERAGE, TERMS, EXCLUSIONS, OR CONDITIONS AFFORDED BY THE COVERAGE CONTRACT REFERENCED IN THIS CERTIFICATE OF COVERAGE**

<b>PRODUCER:</b>	Risk Management Programs, Inc. 1819 Electric Road, Suite C Roanoke, VA 24018		<b>CONTACT NAME:</b>	Raevyn Allen
			<b>PHONE:</b>	(844) 986-2705
			<b>EMAIL:</b>	rallen@riskprograms.com
<b>MEMBER:</b>	Marion County Parks and Recreation PO Box 1258 Fairmont, WV 26555	<b>COMPANIES AFFORDING COVERAGE</b>		
		<b>COMPANY A:</b>	West Virginia Communities Risk Pool	

### COVERAGES

This is to certify that the coverages listed below have been issued to the member named above for the contract period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded by the coverages described herein is subject to all the terms, exclusions and conditions of such coverage contracts. Limits shown may have been reduced by paid claims.

CO LTR	TYPE OF COVERAGE	CONTRACT NUMBER	CONTRACT EFFECTIVE DATE	CONTRACT EXPIRATION DATE	LIMITS / DEDUCTIBLES
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Occurrence	WV-MA-024P-23	07/01/2022	07/01/2023	Each Occurrence <span style="float: right;">Lim. \$1,000,000</span>
					Fire Damage (Any one fire) <span style="float: right;">Lim. \$100,000</span>
					General Aggregate <span style="float: right;">Lim. NONE</span>
					Personal & ADV Injury <span style="float: right;">Lim. \$1,000,000</span>
					Products - Comp/OP <span style="float: right;">Lim. \$1,000,000</span>
					General Liability <span style="float: right;">Ded. \$0</span>
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> All Owned Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Non-Owned Autos	WV-MA-024P-23	07/01/2022	07/01/2023	Combined Single Limit <span style="float: right;">Lim. \$1,000,000</span>
					Auto Liability <span style="float: right;">Ded. \$0</span>
A	<b>AUTOMOBILE PHYSICAL DAMAGE</b>	WV-MA-024P-23	07/01/2022	07/01/2023	Collision (ACV) <span style="float: right;">Ded. \$1,000</span>
					Comprehensive (ACV) <span style="float: right;">Ded. \$1,000</span>
A	<b>CRIME</b>	WV-MA-024P-23	07/01/2022	07/01/2023	Blanket <span style="float: right;">Lim. \$250,000</span>
					Per Occurrence <span style="float: right;">Ded. \$250</span>
A	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> Excess General Liability <input checked="" type="checkbox"/> Excess Automobile Liability <input type="checkbox"/> Excess Law Enforcement Liability <input checked="" type="checkbox"/> Excess Public Officials Liability <input type="checkbox"/> Excess Educators Legal Liability <input checked="" type="checkbox"/> Other than Umbrella Form	WV-MA-024P-23	07/01/2022	07/01/2023	Excess Automobile Liability - Aggregate <span style="float: right;">Lim. NONE</span>
					Excess Automobile Liability - Each Occurrence <span style="float: right;">Lim. \$1,000,000</span>
					Excess General Liability - Aggregate <span style="float: right;">Lim. NONE</span>
					Excess General Liability - Each Occurrence <span style="float: right;">Lim. \$1,000,000</span>
					Excess Public Officials Liability - Aggregate <span style="float: right;">Lim. \$1,000,000</span>
					Excess Public Officials Liability - Each Occurrence <span style="float: right;">Lim. \$1,000,000</span>
A	<b>INLAND MARINE</b>	WV-MA-024P-23	07/01/2022	07/01/2023	Blanket per Schedule on File
A	<b>PROPERTY</b>	WV-MA-024P-23	07/01/2022	07/01/2023	Blanket per Schedule on File
					Building & Contents <span style="float: right;">Ded. \$1,000</span>

A	PUBLIC OFFICIALS LIABILITY <input checked="" type="checkbox"/> Occurrence	WV-MA- 024P-23	07/01/2022	07/01/2023	Aggregate	Lim. \$1,000,000
					Each Wrongful Act	Lim. \$1,000,000
					Per Occurrence	Ded. \$2,500
A	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	WV-MA- 024P-23	07/01/2022	07/01/2023	EL Disease - Each Emp.	Lim. \$1,000,000
					EL Disease - Policy Limit	Lim. \$1,000,000
					EL Each Accident	Lim. \$1,000,000
					<input checked="" type="checkbox"/> WC Statutory Limits	
					WC Deductible	Ded. \$0

**Description of Operations / Locations / Vehicles / Special Items / Notes**

RE: McParc K-3 Basketball

Certificate Holder is added as an additional insured to the extent permitted by the laws of the State of WV and only in respect to claims or actions arising from or in connection with negligent acts of the Member, its employees, agents or officials.

**CERTIFICATE HOLDER**

Marion County Board of Education  
58 Valley School Road  
Pleasant Valley Elementary  
Fairmont, WV 26554

**Authorized Representative**

*Raunyn Allen*



**Request for Taxpayer  
Identification Number and Certification**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Marion County Parks And Recreation Commission**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ **Political Subdivision**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
Exempt payee code (if any) \_\_\_\_\_  
Exemption from FATCA reporting code (if any) \_\_\_\_\_  
*(Applies to accounts maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.) See instructions.  
**P O Box 1258**

6 City, state, and ZIP code  
**Fairmont, WV 26555**

7 List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
			-				-			
OR										
Employer identification number										
5	5	-	6	0	6	0	1	5	2	

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**    Signature of U.S. person ▶ Cathy Hall    Date ▶ 6/11/21

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



MARION COUNTY BOARD OF EDUCATION  
FACILITY USE/RENTAL AGREEMENT

This agreement dated the 16 day of September, 2022, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Fairview Community Band (hereafter known as Organization).

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as Fairview Middle School.

NOW, THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the Organization agree that:

- I. Organization Name Fairview Community Band
- II. Contact Name Deborah L. Wilson
- III. Address PO Box 106 Fairview WV 26570
- IV. Phone Number (304) 449-1482
- V. The MCBOE covenants and agrees that it shall, from Nov 1, 2022 through May 30, 2023, make available to the Fairview Community Band the Auditorium for the purpose of Practice & Concert. The activities herein described pertain to the Organization's group exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the facility will not be available.
- VI. Is the planned activity a non-profit making venture? YES

Criteria: 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations.

July 22, 1985 St. Superintendent interpretation states in part that question: is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible...unless such ventures would not have a community purpose.

19-2256

VII. Organization agrees to assure that said Organization is a Not-For-Profit entity.

FEIN Number \_\_\_\_\_ (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate)

VIII. Organization covenants and agrees that the scheduling of its events utilizing the Fairview Middle School as provided for herein shall be coordinated with and through the Organization, and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.

IX. Organization agrees to a facility use fee of \$ N/A per waved in addition to a \$ \_\_\_\_\_ custodial fee per none  
(Additional fees may apply depending on facility) \$ waved for SE

X. Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.

-----  
\*\*\*\*\*This section must be completed\*\*\*\*\* Liability Insurance Information: (minimum of \$1,000,000 liability required by MCBOE)

Insurance Company: Acord

Policy Number M1 RPL6000000019600

\*\*\*\*\*Attach a copy of the policy to the application\*\*\*\*\*

XI. Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in connection with the following:

- A. Any injury, or the death of, any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement.
- B. Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE.

XII. Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.

XIII. Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, and municipal authorities including but not limited to all safety regulations and health department rules and regulations.

XIV. MCBOE shall inspect Fairview Middle School after Organization's usage to ensure that no damages occurred as a direct result of Organization's usage.

XV. Organization will receive one key to be used by signer and assigns only, with no duplicates to be made or used by others. If the key is used by others or during non-scheduled times by others, this contract will be immediately terminated.

XVI. The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in force and effect from Nov 1 2022, until the May 31 2023 day of \_\_\_\_\_; however, either party upon thirty (30) days written notice to the other may, with impunity, terminate this agreement immediately for any reason whatsoever. This agreement constitutes the entire agreement existing between the parties. There are no other agreements, oral or otherwise, which modifies or affects this agreement. The AGREEMENT and all terms and provisions herein shall extend to and be binding on their successors and assigns.

Deborah L. Wilson  
Representative of Organization

9-16-22  
Date

[Signature]  
Principal or Designee

11/1/22  
Date

[Signature]  
Administrative Assistant of Maintenance, Facilities and Athletics

11-8-22  
Date

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board President

\_\_\_\_\_  
Date

- 8/26/08
- 2/23/15
- 8/12/21
- 11/30/21
- 3/3/22
- 07/28/22



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/24/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> N&K Insurance Group Inc 1712 Magnavor Way Fort Wayne IN 46804	<b>CONTACT INFO</b> Mkt - Bands & Performing Groups Phone (US, Int'l) 800-328-2317 FAX (US, Int'l) 260-459-5502 E-Mail: enterainers@band-insurance.com Website: www.band-insurance.com														
<b>INSURED</b> Fairview Community Band 1548 Pennsylvania Ave Fairmont WV 26534 A Member of the Sports, Leisure & Entertainment RPG	<b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"> <tr> <th>INSURER A</th> <th>NAME</th> </tr> <tr> <td>Market Insurance Company</td> <td>38970</td> </tr> <tr> <td>INSURER B</td> <td></td> </tr> <tr> <td>INSURER C</td> <td></td> </tr> <tr> <td>INSURER D</td> <td></td> </tr> <tr> <td>INSURER E</td> <td></td> </tr> <tr> <td>INSURER F</td> <td></td> </tr> </table>	INSURER A	NAME	Market Insurance Company	38970	INSURER B		INSURER C		INSURER D		INSURER E		INSURER F	
INSURER A	NAME														
Market Insurance Company	38970														
INSURER B															
INSURER C															
INSURER D															
INSURER E															
INSURER F															

COVERAGES CERTIFICATE NUMBER: W02324402 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE	TYPE OF INSURANCE	AGG. LMT	CLASS	MODE	POLICY NO.	POLICY EFF. DATE	POLICY EXPI. DATE	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLASS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LMT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. ACCT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X			M1RPG000000019600	10/24/2022 1:47 PM EDT	10/24/2023 12:01 AM	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES - Pa Occurrence \$1,000,000 MED EXP - Any one person Excluded PERSONAL & ADV INJURY Excluded GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP OR ACC \$1,000,000 PROFESSIONAL LIABILITY \$1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY NOT PROVIDED WHILE IN NAME							
	UMBRELLA LIME <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLASS MADE DID <input type="checkbox"/> NOT PROVIDE							
	MEDICAL EXPENSES FOR PARTICIPANTS M1RPG000000019600 10/24/2022 1:47 PM EDT 10/24/2023 12:01 AM							MEDICAL EXPENSES \$5,000 EXCESS MEDICAL

Additional information (LOCATIONS / LOCATIONS (ACORD 101, Additional Reports Schedule, may be attached if more space is required):  
 Type of Activity: Music Genre: Big band, Bluegrass, Blues, Classical, Country, Oldies, Religious, gospel, Type of Venue:  
 The certificate holder is issued as an additional insured, but only for liability caused in whole or in part by the acts or omissions of the named insured.

<b>CERTIFICATE HOLDER</b> Marion County Board of Education 110 West Main Street Fairmont WV 26534 (City where the insured performs)	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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**Request for Taxpayer  
Identification Number and Certification**

**19-2256**

Give form to the requester. Do not send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)  
*Kenneth Kyle*

Business name, if different from above  
*Fairview Community Band*

Check appropriate box:  Individual/Sole proprietor  Corporation  Partnership  
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ .....  Exempt payee  
 Other (see instructions) ▶ **NON 1099 VENDOR - PLEASE DO REPORT AS INCOME**

Address (number, street, and apt. or suite no.)  
*1548 Pennsylvania Ave*

City, state, and ZIP code  
*Fairmont, WV 26554*

List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number  
:  
:  
:  
OR  
Employer identification number  
*55 0797158*

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign Here** Signature of U.S. person ▶ *Kenneth Kyle* Date ▶ *11-16-22*

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity.

*tb. thought,  
pls. place on the  
agenda for board  
approval. Thank you  
C. Jones*

**Marion County Board of Education  
Field Trip Request Form**

19-2257  
RECEIVED  
11-18-22

All field trips requiring Board approval must be submitted at least two weeks prior to the regular Board Meeting. All other requests must be in at least one week prior to the trip. All completed copies are to be submitted to the principal who will sign and forward to county office for approval. Please submit one field trip form per bus needed.

EFHS 11-8-22 Ron Jones N/A  
 School Date Submitted Sponsor(s) Sub Needed  
Freshman Boys Basketball 12-27-22 Ron Jones N/A  
 Group Date of Trip Chaperone(s) Sub Needed

13 Keyser HS  
 Number to be transported Destination

Purpose of activity Basketball Game

Number of School Days Lost 0 Approximate Cost 500 Source of Funding Boosters

**Transportation Information**

Time bus to be loaded 2:00 am/pm pm Approximate time to return 3:00 am/pm pm

Type of Transportation  Private Auto  
 Commercial Carrier List Carrier \_\_\_\_\_  
 Marion County School Bus Number \_\_\_\_\_ Driver \_\_\_\_\_

Is School to pay driver?  Yes  No

Approval (granted) / denied) Principal [Signature] Date 11/18/22  
 Approval (granted) / denied) County Office [Signature] Date 11/18/2022  
 Approval (granted / denied) Transportation \_\_\_\_\_ Date \_\_\_\_\_

*\* Overnight stay - please place on Board agenda \**

**Driver's Trip Report**

Bus Number \_\_\_\_\_ Bus Capacity \_\_\_\_\_ Total Number Transported \_\_\_\_\_

Destination \_\_\_\_\_ Date of Trip \_\_\_\_\_ Day of Week \_\_\_\_\_

Times:  Day One  Day Two

Pre-Trip	_____ am / pm	_____ am / pm
Bus available to load	_____ am / pm	_____ am / pm
Departure Time	_____ am / pm	_____ am / pm
Return Time	_____ am / pm	_____ am / pm
Completion of bus cleanup	_____ am / pm	_____ am / pm

Sponsor/Chaperone (Verify all times) Driver Signature Mileage Fuel

tb/2017 White - Accounting Yellow - Transportation Office Pink - Driver Gold - Driver



*200 - Harold,  
Commercial Center  
to be placed on the  
agenda for board approval  
Hartson, C. 2/20*

19-2258

Marion County Board of Education  
Field Trip Request Form

All field trips requiring Board approval must be submitted at least two weeks prior to the regular Board Meeting. All other requests must be in at least one week prior to the trip. All completed copies are to be submitted to the principal who will sign and forward to county office for approval. Please submit one field trip form per bus needed.

NMHS 11/21/22 Daran Hays NO  
 School Date Submitted Sponsor(s) Sub Needed

NM Football 11/25/22 Woody Taylor NO  
 Group Date of Trip Chaperone(s) Sub Needed

60 Independence High School, Coal City, WV  
 Number to be transported Destination

WV AA Semi-Final Football Game  
 Purpose of activity

0 \$2,100 Football Boosters  
 Number of School Days Lost Approximate Cost Source of Funding

Transportation Information

Time bus to be loaded 11 am / pm Approximate time to return 1:30 am / pm

Type of Transportation Commercial Carrier List Carrier Budget Charter  
 Private Auto  Commercial Carrier  Marion County School Bus Number \_\_\_\_\_ Driver \_\_\_\_\_

Is School to pay driver? No  
 Yes  No

Approval (granted / denied) Principal Kristen M. Kelly Date 11/21/22  
 Approval (granted / denied) County Office Chad C. 2/20 Date 11/22/2022  
 Approval (granted / denied) Transportation \_\_\_\_\_ Date \_\_\_\_\_

Driver's Trip Report

Bus Number \_\_\_\_\_ Bus Capacity \_\_\_\_\_ Total Number Transported \_\_\_\_\_

Destination \_\_\_\_\_ Date of Trip \_\_\_\_\_ Day of Week \_\_\_\_\_

Times:  Day One  Day Two

Pre-Trip	_____ am / pm	_____ am / pm
Bus available to load	_____ am / pm	_____ am / pm
Departure Time	_____ am / pm	_____ am / pm
Return Time	_____ am / pm	_____ am / pm
Completion of bus cleanup	_____ am / pm	_____ am / pm

Sponsor/Chaperone (Verify all times) Driver Signature Mileage Fuel

tb/2017 White - Accounting Yellow - Transportation Office Pink - Driver Gold - Driver



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**NMHS Football Semi-Final Game Itinerary**

*Friday November 25, 2022*

- 11:00 AM – Team Departs NMHS to travel to Independence High School in Coal City, WV
- 12:30 PM – Lunch in Summersville, WV
- 2:00 PM - View New River Gorge Park
- 4:30 PM – Arrive at Independence High School
- 7:30 PM – Kickoff
- 10:30 PM – Depart Independence High School
- 1:30 AM – Arrive at North Marion High School

---

1 NORTH MARION DRIVE – FARMINGTON – WV 26571  
PHONE 304 986-3063 FAX 304-986-3086

Kristin DeVaul, Principal

Jared Mileto, Assistant Principal; Lisa Henline, Assistant Principal

Partners in Education:

Alasky's Inc., Mountaineer Florist, First Exchange Bank of Mannington, Joe Romeo's I-79 Honda/Mazda,  
Jostens', Pepsi Bottling Group, Wholesale Carpet Outlet




**AIA® Document G802™ – 2017**
**Amendment to the Professional Services Agreement**

**PROJECT:** *(name and address)*  
 East Dale Elementary School  
 57 East Dale Road  
 Fairmont, WV 26554

**AGREEMENT INFORMATION:**  
 Date: 6/22/21

**AMENDMENT INFORMATION:**  
 Amendment Number: 001

Date: 11/8/22

**OWNER:** *(name and address)*  
 Marion County Schools  
 1516 Mary Lou Retton Drive  
 Fairmont, WV 26554

**ARCHITECT:** *(name and address)*  
 Omni Associates-Architects, Inc  
 207 Jefferson Street  
 Fairmont, WV 26554.

The Owner and Architect amend the Agreement as follows:  
 Over-excavation soils testing. See attached backup.

The Architect's compensation and schedule shall be adjusted as follows:

Compensation Adjustment:  
 \$15,175.78

Schedule Adjustment:  
 None

**SIGNATURES:**

Omni Associates-Architects, Inc.  
**ARCHITECT** *(Firm name)*



**SIGNATURE**  
 David E. Snider Principal, Project  
 Architect

**PRINTED NAME AND TITLE**

11/8/22

**DATE**

Marion County Schools  
**OWNER** *(Firm name)*

**SIGNATURE**

**PRINTED NAME AND TITLE**

**DATE**



## Unbilled Detail

Thursday, March 31, 2022

1:42:10 AM

Civil &amp; Environmental Consultants, Inc.

As of 3/26/2022

Billing Status	Date	Labor Code /Account	Employee/ Reference	Description	Hours/ Units	Billing Rate	Billing Amount
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Project Number: 302-477 East Dale Elementary

Task Number: 7000 Testing

## Labor:

B	2/28/2022	34	002318	Foster, David	.75	119.65	89.74
	PM						
B	3/1/2022	34	002318	Foster, David	.50	119.65	59.83
	DFR Review						
B	3/2/2022	34	002318	Foster, David	.50	119.65	59.83
	DFR Review						
B	3/4/2022	34	002318	Foster, David	.50	119.65	59.83
	DFR Review						
B	3/7/2022	34	002318	Foster, David	.50	119.65	59.83
	DFR						
B	3/8/2022	34	002318	Foster, David	.50	119.65	59.83
	DFR						
B	3/11/2022	34	002318	Foster, David	.50	119.65	59.83
	DFR						
B	3/14/2022	34	002318	Foster, David	.50	119.65	59.83
	DFR						
B	3/15/2022	34	002318	Foster, David	.50	119.65	59.83
	DFR						
B	3/17/2022	34	002318	Foster, David	.50	119.65	59.83
	DFR						
B	3/22/2022	34	002318	Foster, David	.50	119.65	59.83
	DFR						
B	3/23/2022	34	002318	Foster, David	.50	119.65	59.83
	DFR						
B	2/28/2022	06	003771	Neehouse, Jared	10.50	96.00	1,008.00
	Soil bearing capacity inspection/testing - DFR writing for David.						
B	3/1/2022	06	003771	Neehouse, Jared	9.00	96.00	864.00
	Soil bearing capacity inspection/testing - DFR writing for David.						
B	3/2/2022	06	003771	Neehouse, Jared	11.00	96.00	1,056.00
	Soil bearing capacity inspection/testing; stone compaction testing - DFR writing for David.						
B	3/3/2022	06	003771	Neehouse, Jared	10.50	96.00	1,008.00
	Stone compaction testing - DFR writing for David.						

Unbilled Detail				As of 3/26/2022	Thursday, March 31, 2022 1:42:10 AM		
Billing Status	Date	Labor Code /Account	Employee/ Reference	Description	Hours/ Units	Billing Rate	Billing Amount
B	3/7/2022	06	003771	Neehouse, Jared Stone compaction testing; inspection; report writing for David.	4.50	96.00	432.00
B	3/8/2022	06	003771	Neehouse, Jared Bearing capacity testing; soil inspection/testing; report writing.	5.50	96.00	528.00
B	3/9/2022	06	003771	Neehouse, Jared Contacting stone vendor for material information for David.	.50	96.00	48.00
B	3/10/2022	06	003771	Neehouse, Jared Stone compaction testing; bearing capacity testing; inspection.	11.00	96.00	1,056.00
B	3/11/2022	06	003771	Neehouse, Jared Report writing for David.	4.00	96.00	384.00
B	3/14/2022	06	003771	Neehouse, Jared Soil testing/inspection; stone compaction; report writing.	7.25	96.00	696.00
B	3/15/2022	06	003771	Neehouse, Jared Soil testing/inspection; stone compaction; report writing.	3.50	96.00	336.00
B	3/16/2022	06	003771	Neehouse, Jared Soil testing/inspection; stone compaction; report writing.	11.00	96.00	1,056.00
B	3/21/2022	06	003771	Neehouse, Jared Soil inspection/testing; bearing capacity testing; stone compaction testing; report writing for David.	11.50	96.00	1,104.00
B	3/22/2022	06	003771	Neehouse, Jared Soil inspection/testing; bearing capacity testing; stone compaction testing; report writing for David.	10.00	96.00	960.00
B	3/23/2022	06	003771	Neehouse, Jared Report writing; storing testing equipment for David.	3.00	96.00	288.00
					<b>Total Billable Labor</b>	<b>119.00</b>	<b>11,571.87</b>
					<b>Total Labor</b>	<b>119.00</b>	<b>11,571.87</b>
<b>Units:</b>							
B	3/2/2022	NUCD-35	00000000282	Stone compaction testing B:8.0 Days @ 35.00	8.00	35.00	280.00
B	3/3/2022	NUCD-35	00000000282	Stone compaction testing B:7.5 Days @ 35.00	7.50	35.00	262.50
B	2/28/2022	VEHD85	000000001338	V00-117 JN B:4.0 Days @ 85.00	4.00	85.00	340.00
B	3/15/2022	NUCD-35	000000001502	Soil testing/inspection; stone compaction; report writing. B:.0 Day @ 35.00	1.00	35.00	35.00
B	3/16/2022	NUCD-35	000000001502	Soil testing/inspection; stone compaction; report writing. B:.0 Day @ 35.00	1.00	35.00	35.00
B	3/21/2022	NUCD-35	000000002166	Soil inspection/testing; bearing capacity testing; stone compaction testing; rep B:.0 Day @ 35.00	1.00	35.00	35.00
B	3/22/2022	NUCD-35	000000002166	Soil inspection/testing; bearing capacity testing; stone compaction testing; rep B:.0 Day @ 35.00	1.00	35.00	35.00
B	3/21/2022	VEHD85	000000002497	V00-117 JN B:2.0 Days @ 85.00	2.00	85.00	170.00
					<b>Total Billable Units</b>	<b>25.50</b>	<b>1,192.50</b>
					<b>Total Units</b>	<b>25.50</b>	<b>1,192.50</b>
					<b>Total for 7000</b>	<b>144.50</b>	<b>12,764.37</b>
<b>Task Number: AW00 All Work</b>							
<b>Units:</b>							
B	3/7/2022	VEHD85	000000001891	V00-117 JN B:4.0 Days @ 85.00	4.00	85.00	340.00
					<b>Total Billable Units</b>	<b>4.00</b>	<b>340.00</b>
					<b>Total Units</b>	<b>4.00</b>	<b>340.00</b>
					<b>Total for 302-477</b>	<b>154.75</b>	<b>13,852.88</b>

# Unbilled Detail

Thursday, July 21, 2022  
1:12:25 AM

Civil & Environmental Consultants, Inc.

As of 7/16/2022

Billing Status	Date	Labor Code /Account	Employee/ Reference	Description	Hours/ Units	Billing Rate	Billing Amount
<b>Project Number: 302-477 East Dale Elementary</b>							
Task Number: 7000 Testing							
Labor:							
B	7/14/2022	34	002318	Foster, David	.50	128.55	64.28
				DFR Review			
B	7/13/2022	06	003771	Neehouse, Jared	7.00	102.86	720.02
				Bearing capacity testing; inspection; report writing.			
B	7/14/2022	06	003771	Neehouse, Jared	7.75	102.86	797.17
				Stone compaction testing; inspection; report writing.			
<b>Total Billable Labor</b>					<b>15.25</b>		<b>1,581.47</b>
<b>Total Labor</b>					<b>15.25</b>		<b>1,581.47</b>
Units:							
B	7/14/2022	NUCD-35	000000002395	Stone compaction testing. B:.0 Day @ 35.00	1.00	35.00	35.00
B	7/13/2022	VEHD85	000000002716	V00-160 JN B:2.0 Days @ 85.00	2.00	85.00	170.00
B	7/13/2022	FUELSUR	000000002806	V00-160-FSUR B:2.0 Days @ 15.00	2.00	15.00	30.00
<b>Total Billable Units</b>					<b>5.00</b>		<b>235.00</b>
<b>Total Units</b>					<b>5.00</b>		<b>235.00</b>
Total for 7000					<b>20.25</b>		<b>1,816.47</b>
<b>Total for 302-477</b>					<b>20.25</b>		<b>1,816.47</b>

19-2259

Thursday, June 9, 2022  
12:03:48 PM

# Unbilled Detail

Civil & Environmental Consultants, Inc.

As of 5/21/2022

Billing Status	Date	Labor Code /Account	Employee/ Reference	Description	Hours/ Units	Billing Rate	Billing Amount
----------------	------	---------------------	---------------------	-------------	--------------	--------------	----------------

Project Number: 302-477 East Dale Elementary

Task Number: 7000 Testing

Units:

H	3/14/2022	VEHD85	000000002098	V00-117 JN B:3.0 Days @ 85.00	3.00	85.00	255.00
<b>Total Held Units</b>					<b>3.00</b>		<b>255.00</b>
<b>Total Units</b>					<b>3.00</b>		<b>255.00</b>

Total for Testing Services \$15,175.78



MARION COUNTY BOARD OF EDUCATION  
FACILITY USE/RENTAL AGREEMENT

This agreement dated the 11/29 day of November, 2022, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Marion County Youth Basketball (hereafter known as Organization).

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as Monongah Middle School Gymnasium,

NOW, THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the Organization agree that:

- I. Organization Name Marion County Youth Basketball
- II. Contact Name Andrew Schwartz
- III. Address 1448 Plum Run Rd Mannington WV 26582
- IV. Phone Number 304-694-3103
- V. The MCBOE covenants and agrees that it shall, from 12/6/22 through 2/15/23, make available to the Marion County Youth Basketball the Monongah Middle School Gym for the purpose of Basketball Practice / Games. The activities herein described pertain to the Organization's group exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the facility will not be available.
- VI. Is the planned activity a non-profit making venture? yes

Criteria 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations.

July 22, 1985 St. Superintendent interpretation states in part that question: is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible... unless such ventures would not have a community purpose.

VII. Organization agrees to assure that said Organization is a Not-For-Profit entity.

FEIN Number 81-4065-682 (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate)

VIII. Organization covenants and agrees that the scheduling of its events utilizing the Monrovia Middle Gym as provided for herein shall be coordinated with and through the Organization, and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.

IX. Organization agrees to a facility use fee of \$ N/A per N/A in addition to a \$ N/A custodial fee per WAVE Custodial Fee  
(Additional fees may apply depending on facility) \$ N/A for N/A

X. Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.

-----  
\*\*\*\*\*This section must be completed\*\*\*\*\* Liability Insurance Information: (minimum of \$1,000,000 liability required by MCBOE)

Insurance Company: Nation Wide Insurance Co.

Policy Number 6BRP6000007482900

\*\*\*\*\*Attach a copy of the policy to the application\*\*\*\*\*

XI. Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in connection with the following:

- A. Any injury, or the death of, any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement.
- B. Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE.

XII. Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.

XIII. Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, an municipal authorities including but not limited to all safety regulations and health department rules and regulations.

XIV. MCBOE shall inspect Monongah Middle School Gym after Organization's usage to ensure that no damages occurred as a direct result of Organization's usage.

XV. Organization will receive one key to be used by signer and assigns only, with no duplicates to be made or used by others. If the key is used by others or during non-scheduled times by others, this contract will be immediately terminated.

XVI. The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in force and effect from 12/6/22, until the 15 day of February; however, either party upon thirty (30) days written notice to the other may, with impunity, terminate this agreement immediately for any reason whatsoever. This agreement constitutes the entire agreement existing between the parties. There are no other agreements, oral or otherwise, which modifies or affects this agreement. The AGREEMENT and all terms and provisions herein shall extend to and be binding on their successors and assigns.

AS - Andrew Schwartz  
Representative of Organization

11/29/22  
Date

[Signature]  
Principal or Designee

11/30/21  
Date

\_\_\_\_\_  
Administrative Assistant of Maintenance, Facilities and Athletics

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board President

\_\_\_\_\_  
Date

- 8/26/08
- 2/23/15
- 8/12/21
- 11/30/21
- 3/3/22
- 07/28/22



# CERTIFICATE OF LIABILITY INSURANCE

19-2260

DATE (MM/DD/YYYY)  
11/02/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


<b>PRODUCER</b> K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804	<b>CONTACT NAME:</b> Mass Merchandising Underwriting	
	<b>PHONE (A/C, No, Ext):</b> 1-800-426-2889	<b>FAX (A/C, No):</b> 1-260-459-5105
	<b>E-MAIL ADDRESS:</b> info@sportsinsurance-kk.com	
	<b>PRODUCER CUSTOMER ID:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Marion County Youth Basketball DBA: Marion County 4th/5th/6th Grades 109 Glenwood St Fairmont, WV 26554 A Member of the Sports, Leisure & Entertainment RPG	<b>INSURER A:</b> Nationwide Mutual Insurance Company	<b>NAIC #</b> 23787
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** W02333951 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		6BRPG0000007788000	11/06/2022 12:01 AM EDT	11/06/2023 12:01 AM	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea Occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMPROP AGG \$1,000,000 PROFESSIONAL LIABILITY \$1,000,000 LEGAL LIAB TO PARTICIPANTS \$1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> NOT PROVIDED WHILE IN HAWAII <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION			6BRPG0000007788000	11/06/2022 12:01 AM EDT	11/06/2023 12:01 AM	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	MEDICAL PAYMENTS FOR PARTICIPANTS			6BRPG0000007788000	11/06/2022 12:01 AM EDT	11/06/2023 12:01 AM	PRIMARY MEDICAL EXCESS MEDICAL \$100,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Legal Liability to Participants (LLP) limit is a per occurrence limit.  
 Sport(s): Basketball Age(s): 12 and under; Cheerleading - Youth Age(s): 12 and under  
 The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.  
 See Attached Additional Remarks Schedule

<b>CERTIFICATE HOLDER</b> Marion County BOE 1516 Mary Lou Retton Dr Fairmont, WV 26554 (Owner/Lessor of Premises)	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

Coverage is only extended to U.S. events and activities.  
 \*\* NOTICE TO TEXAS INSURED: The insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
Marion County Youth Basketball

2 Business name/disregarded entity name, if different from above  
Marion County Youth Basketball

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

Other (see instructions) ▶ Non Profit

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Specify to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
1448 Plum Run Rd

6 City, state, and ZIP code  
Monroton WV 26182

7 List account number(s) here (optional)

8 Requester's name and address (optional)

Print or type.  
See Specific Instructions on page 3.

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-			
--	--	--	---	--	--	--

or

Employer identification number

8	1	-	4	0	6	5	6	5	2
---	---	---	---	---	---	---	---	---	---

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here    Signature of U.S. person ▶ [Signature]    Date ▶ 11/20/22

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.


59-01

Monongah Middle School

2022-2023

Custodial Fee Waiver

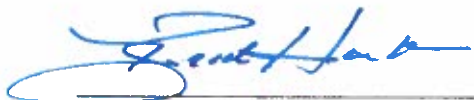
As a part of the facilities use agreement, this form will waive the custodial fee at Monongah Middle School. By signing this form, the organization assumes all custodial responsibilities to keep Monongah Middle School a safe and clean environment for its students. Failure to maintain these expectations may result in added custodial fees or termination of the facilities use agreement.

  
\_\_\_\_\_

Representative of the Organization

11/29/22  
\_\_\_\_\_

Date

  
\_\_\_\_\_

Principal

11/29/22  
\_\_\_\_\_

Date



MARION COUNTY BOARD OF EDUCATION  
FACILITY USE/RENTAL AGREEMENT

This agreement dated the 14th day of November, 2022, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Changing da game (hereafter known as Organization).

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as Fairmont Senior High School.

NOW, THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the Organization agree that:

I. Organization Name Changing da Game

II. Contact Name Jennifer Wilson

III. Address 405 Highland Ave Fairmont WV 26554

IV. Phone Number 304-657-1977

V. The MCBOE covenants and agrees that it shall, from Nov 14, 2022 through March 30, 2023 make available to the old gym, new gym, Fieldhouse the Changing da game - Pirates basketball practices for the purpose of basketball practices. The activities herein described pertain to the Organization's group exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the facility will not be available.

VI. Is the planned activity a non-profit making venture? Yes

Criteria: 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations.

July 22, 1985 St. Superintendent interpretation states in part that question is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible unless such ventures would not have a community purpose.

VII. Organization agrees to assure that said Organization is a Not-For-Profit entity.

FEIN Number 86-387-1937 (INCLUDE A VERIFICATION OF FEIN FROM THE IRS)

VIII. Organization covenants and agrees that the scheduling of its events utilizing the gyms as provided for herein shall be coordinated with and through the Organization, and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.

IX. Organization agrees to a facility use fee of \$ 0 per 0 in addition to a \$ 0 custodial fee per 0 (Additional fees may apply depending on facility) \$ 0 for 0

X. Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.

.....This section must be completed.....  
Liability Insurance Information: (minimum of \$1,000,000 liability required by MCBOE)  
Insurance Company: KiK Ins Group.  
Policy Number 2000564763  
.....Attach a copy of the policy to the application.....

XI. Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in connection with the following:

- A. Any injury, or the death of, any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement.
- B. Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE.



- XII. Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.
- XIII. Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, and municipal authorities including but not limited to all safety regulations and health department rules and regulations.
- XIV. MCBOE shall inspect FSHS gyms after Organization's usage to ensure that no damages occurred as a direct result of Organization's usage.
- XV. Organization will receive one key to be used by signer and assigns only, with no duplicates to be made or used by others. If the key is used by others or during non-scheduled times by others, this contract will be immediately terminated.
- XVI. The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in force and effect from 11/14/22, until the 30 day of March, 2023; however, either party upon thirty (30) days written notice to the other may, with impunity, terminate this agreement immediately for any reason whatsoever. This agreement constitutes the entire agreement existing between the parties. There are no other agreements, oral or otherwise, which modifies or affects this agreement. The AGREEMENT and all terms and provisions herein shall extend to and be binding on their successors and assigns.

Jennifer A. Williams  
 Representative of Organization

11/14/2022  
 Date

[Signature]  
 Principal or Designee

11/29/22  
 Date

[Signature]  
 Administrative Assistant of Maintenance, Facilities and Athletics

12-1-22  
 Date

\_\_\_\_\_  
 Superintendent

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Board President

\_\_\_\_\_  
 Date

- 8/26/08
- 2/23/15
- 8/12/21
- 11/30/21
- 3/3/22



# CERTIFICATE OF LIABILITY INSURANCE

19-2261

DATE (MM/DD/YYYY)  
11/29/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


<b>PRODUCER</b> K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804	<b>CONTACT NAME:</b> Mass Merchandising <b>PHONE (A/C, No, Ext):</b> 1-800-426-2889 <b>FAX (A/C, No):</b> 1-260-459-5105 <b>E-MAIL ADDRESS:</b> info@sportsinsurance-kk.com <b>PRODUCER CUSTOMER ID:</b>														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td><b>INSURER A:</b> Nationwide Mutual Insurance Company</td> <td>23787</td> </tr> <tr> <td><b>INSURER B:</b></td> <td></td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> Nationwide Mutual Insurance Company	23787	<b>INSURER B:</b>		<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>
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<b>INSURER D:</b>															
<b>INSURER E:</b>															
<b>INSURER F:</b>															
<b>INSURED</b> 2001518667    CP# 7937 Changing da Game DBA: Pirahnas 39 Pristine Ln Fairmont, WV 26554 A Member of the Sports, Leisure & Entertainment RPG															

**COVERAGES**      **CERTIFICATE NUMBER:** 2000564763      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		6BRPG0000007788000	11/14/22 10:17 AM EDT	11/14/23 12:01 AM	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea Occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP OP AGG \$1,000,000 PROFESSIONAL LIABILITY \$1,000,000 LEGAL LIAB TO PARTICIPANTS \$1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Not provided while in Hawaii			6BRPG0000007788000	11/14/22 10:17 AM EDT	11/14/23 12:01 AM	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE PER STATUTE <input type="checkbox"/> OTHER
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	<b>MEDICAL PAYMENTS FOR PARTICIPANTS</b>			6BRPG0000007788000	11/14/22 10:17 AM EDT	11/14/23 12:01 AM	PRIMARY MEDICAL EXCESS MEDICAL \$25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Legal Liability to Participants (LLP) limit is a per occurrence limit.  
Sport(s): Basketball Age(s): 12 & Under  
The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured

<b>CERTIFICATE HOLDER</b> Marion County Board of Education 1516 Mary Lou Retton Drive Fairmont, WV 26554 Owner/Manager/Lessor of Premises	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Coverage is only extended to U.S. events and activities.  
\*\* NOTICE TO TEXAS INSURED: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas  
ACORD 25 (2016/03)      The ACORD name and logo are registered marks of ACORD





Department of the Treasury  
Internal Revenue Service  
Tax Exempt and Government Entities  
P.O. Box 2508  
Cincinnati, OH 45201

CHANGINDAGAME  
C/O COREY HINES  
495 HIGHLAND AVE  
FAIRMONT, WV 26554

Date: 01/04/2022  
Employer ID number: 86-3971937  
Person to contact:  
Name: Customer Service  
ID number: 31954  
Telephone: (877) 829-5500  
Accounting period ending:  
May 31  
Public charity status:  
509(a)(2)  
Form 990 / 990-EZ / 990-N required:  
Yes  
Effective date of exemption:  
May 17, 2021  
Contribution deductibility:  
Yes  
Addendum applies:  
No  
DLN:  
26053635008491

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

*Stephen A. Martin*

Stephen A. Martin  
Director, Exempt Organizations  
Rulings and Agreements

19-2261

MARION COUNTY BOARD OF EDUCATION  
FACILITY USE/RENTAL AGREEMENT

This agreement dated the 7<sup>th</sup> day of November, 2022, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Barrackville Lions Club (hereafter known as Organization).

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as Barrackville Elementary & Middle School

NOW, THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the Organization agree that:

- I. Organization Name Barrackville Lions Club
- II. Contact Name Sharon Gump
- III. Address P.O. Box 459 Barrackville, WV 26559
- IV. Phone Number 304-288-9845 (c) 304-363-2353 (4)
- V. The MCBOE covenants and agrees that it shall, from December 3, 2022 through Dec 3, 2022, make available to the Barrackville Lions Club for the purpose of Christmas In Our Town Parade. The activities herein described pertain to the Organization's group and other events exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the facility will not be available.

- VI. Is the planned activity a non-profit making venture? Yes

Criteria: 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations.

July 22, 1985 St. Superintendent interpretation states in part that question: is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible...unless such ventures would not have a community purpose.

VII. Organization agrees to assure that said Organization is a Not-For-Profit entity.

FEIN Number 55-6028595 (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate)

VIII. Organization covenants and agrees that the scheduling of its events utilizing the Gymnasium as provided for herein shall be coordinated with and through the Organization, and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.

IX. Organization agrees to a facility use fee of \$ \_\_\_\_\_ per \_\_\_\_\_ in addition to a \$ \_\_\_\_\_ custodial fee per \_\_\_\_\_  
(Additional fees may apply depending on facility) \$ waived for \_\_\_\_\_

X. Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.

\*\*\*\*\*This section must be completed\*\*\*\*\* Liability Insurance Information: (minimum of \$1,000,000 liability required by MCBOE)

Insurance Company: Accord / Dsp. Insurance Service Inc.  
Policy Number HD0G47352241

\*\*\*\*\*Attach a copy of the policy to the application\*\*\*\*\*

XI. Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in connection with the following:

- A. Any injury, or the death of, any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement.
- B. Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE.

XII. Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.

XIII. Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, an municipal authorities including but not limited to all safety regulations and health department rules and regulations.

XIV. MCBOE shall inspect Barrackville School after Organization's usage to ensure that no damages occurred as a direct result of Organization's usage.

19-2261

XV. Organization will receive one key to be used by signer and assigns only, with no duplicates to be made or used by others. If the key is used by others or during non-scheduled times by others, this contract will be immediately terminated.

XVI. The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in force and effect from December 2, 2022, until the 3rd day of December, 2022 however, either party upon thirty (30) days written notice to the other may, with impunity, terminate this agreement immediately for any reason whatsoever. This agreement constitutes the entire agreement existing between the parties. There are no other agreements, oral or otherwise, which modifies or affects this agreement. The AGREEMENT and all terms and provisions herein shall extend to and be binding on their successors and assigns.

Sharon R Bump  
Representative of Organization

11-14-22  
Date

Yicki Boenbard  
Principal or Designee

11-14-22  
Date

\_\_\_\_\_  
Administrative Assistant of Maintenance, Facilities and Athletics

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board President

\_\_\_\_\_  
Date

- 8/26/08
- 2/23/15
- 8/12/21
- 11/30/21
- 3/3/22
- 07/28/22

**Request for Taxpayer  
Identification Number and Certification**

Give Form to the  
requester. Do not  
send to the IRS.

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above  
Barrackville Lions Club

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
P.O. Box 429

6 City, state, and ZIP code  
Barrackville, WY 26559

7 List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

		-				
--	--	---	--	--	--	--

or

Employer identification number

5	5	-	6	0	2	8	5	9	5
---	---	---	---	---	---	---	---	---	---

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶ Sharon R Pump

Date ▶ 11/1/2020

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (Interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



## **Christmas in Our Town**

- Dec 3, 2022 at 6pm
- Parade will be starting at Buffalo Rd and coming up through town to Rice St
- Float Line up 5:15 -5:30 at the covered bridge lot
- Students can arrive at 5:45- No parking will be permitted in this area please plan to park in town and walk your child down
- Conaway St (near community building) will be the designated drop off spot for students during the parade, students will need to quickly unload so the flow of the parade can continue
- Parents can park on Conaway or Manley St to have quick access to the students as they unload- you must wait until the end of the parade before leaving this area
- Security officers will be at this drop off spot
- If Teachers are not participating in the parade with their students please let parents know they must walk with their child



# CERTIFICATE OF LIABILITY INSURANCE

19-22

DATE (MM/DD/YYYY)

09/14/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>  DSP Insurance Services, Inc. 1900 E. Golf Road, Suite 650 Schaumburg, IL 60173	<b>CONTACT NAME:</b> John Adams <b>PHONE (A.C. No. Ext.):</b> 1-800-316-6705 <b>E-MAIL ADDRESS:</b> lionsclubs@dspins.com	<b>FAX (A.C. No.):</b> 847-934-6186
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  Barrackville Lions Club Barrackville, West Virginia	<b>INSURER A:</b> ACE American Insurance Company	<b>NAIC #</b> 22867
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	


**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Agg. Per Named Insured</b> is \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			HDO G47352241	09/01/2022	09/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			ISA H10761220	09/01/2022	09/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION S						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> Y <input type="checkbox"/> N WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Provisions of the policy apply to the named insured's participation in the following activity during the policy period shown above: 2022 Christmas Parade  
PROVISIONS OF THE POLICY DO NOT APPLY TO THE SALE OR SERVING OF ALCOHOLIC BEVERAGES.

<b>CERTIFICATE HOLDER</b>  West Virginia State Fire Marshall 1207 Quarrier F12 Charleston, West Virginia	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	---

*Mrs. Naught,*  
*To be placed on the*  
*agenda for board*  
*approval*  
*C. ipson 12/1/2022*

19-2263

**Marion County Board of Education**  
 (please submit one field trip form per bus needed)

Please follow the instructions in the Administrative Manual Section 2.115. All field trips requiring Board approval must be submitted at least two weeks prior to the regular Board meeting. All other requests must be in at least one week prior to the trip. All completed copies are to be submitted to the principal who will sign and forward to the county office for approval.

NMHS School 11/29/22 Date Submitted Whatley Taylor Sponsor No Sub Needed  
 9<sup>th</sup> Basketball Group 12/27 + 12/28/22 Date of Trip Student ride with own parents Chaperone(s) No Sub Needed  
 15 Total Number to be Transported Keyser High School Destination  
 Purpose of activity Keyser Freshman Tournament  
 Number of School Days Lost 0 Approximate Cost \$700.00 Source of Funding Boosters

**Transportation Information**

Time bus to be loaded 8:30 <sup>12/27</sup> am/pm Approximate time to return 10:30 <sup>12/28</sup> am/pm  
 Type of Transportation  Private Auto  Commercial Carrier List carrier \_\_\_\_\_  
 Marion County School Bus # \_\_\_\_\_ Driver \_\_\_\_\_  
 Is School to pay driver?  Yes  No  
 Approved (granted/denied) Principal [Signature] Date 11/30/22  
 Approved (granted/denied) Central Office [Signature] Date 12/1/2022  
 Approved (granted/denied) Transportation \_\_\_\_\_ Date \_\_\_\_\_

**Driver's Trip Report**

Bus # \_\_\_\_\_ Bus Capacity \_\_\_\_\_ Total Number Transported \_\_\_\_\_  
 Destination \_\_\_\_\_ Date of Trip \_\_\_\_\_ Day of Week \_\_\_\_\_  
 Times: Pre-trip \_\_\_\_\_ am/pm  
 Bus Available to load students \_\_\_\_\_ am/pm  
 Depart on trip \_\_\_\_\_ am/pm  
 Bus return from trip \_\_\_\_\_ am/pm  
 Completion of bus cleanup \_\_\_\_\_ am/pm

Office use only

Sponsor/Chaperon (signature verifies loading, departure and return times) \_\_\_\_\_ Driver's Signature \_\_\_\_\_

Name of substitute covering run \_\_\_\_\_ Mileage \_\_\_\_\_ Fuel \_\_\_\_\_  
 ds/2011

## **North Marion Freshman Boys Basketball Trip Itinerary**

### **Keyser Holiday Tournament**

#### **Keyser, WV**

#### **December 27, 2022**

9:00am – Team departs for Keyser High School.

11:00am – Arrive at Keyser High School.

12:30pm – Game vs. Frankfort.

2:00pm – Check in at SureStay Plus Hotel by Best Western (70 N. Tornado Way Keyser, WV 26726)

5:00pm – Team Dinner.

#### **December 28, 2022**

8:00am – Team Breakfast.

9:30am – Checkout of Hotel.

10:00am – Arrive at Keyser High School.

11:00am – Game vs. Keyser.

12:30pm – Depart from Keyser High School to Marion County.

*new. margin,  
to be placed on the  
agenda for board  
approval. 12/1/22*

19-2264

**Marion County Board of Education**  
(please submit one field trip form per bus needed)

Please follow the instructions in the Administrative Manual Section 2.115. All field trips requiring Board approval must be submitted at least two weeks prior to the regular Board meeting. All other requests must be in at least one week prior to the trip. All completed copies are to be submitted to the principal who will sign and forward to the county office for approval.

NMHS School 11/29/22 Date Submitted Harbert Sponsor No Sub Needed  
Boys Basketball Group 12/16/22 + 12/17/22 Date of Trip Murphy/Balmore/Sheek Chaperone(s) Students riding with own parents. Sub Needed  
25 Total Number to be Transported Chapmanville Regional Destination  
 Purpose of activity Chapmanville Holiday Tournament  
 Number of School Days Lost 0 Approximate Cost \$1,000. Source of Funding Boosters

**Transportation Information**

Time bus to be loaded 1:00 am/pm (pm) Approximate time to return 7:00 am/pm (pm)  
 Type of Transportation  Private Auto  Commercial Carrier List carrier \_\_\_\_\_  
 Marion County School Bus # \_\_\_\_\_ Driver \_\_\_\_\_  
 Is School to pay driver?  Yes  No  
 Approved (granted/denied) Principal Kish N. [Signature] Date 11/30/22  
 Approved (granted/denied) Central Office [Signature] Date 12/1/2022  
 Approved (granted/denied) Transportation \_\_\_\_\_ Date \_\_\_\_\_

**Driver's Trip Report**

Bus # \_\_\_\_\_ Bus Capacity \_\_\_\_\_ Total Number Transported \_\_\_\_\_  
 Destination \_\_\_\_\_ Date of Trip \_\_\_\_\_ Day of Week \_\_\_\_\_  
 Times: Pre-trip \_\_\_\_\_ am/pm  
 Bus Available to load students \_\_\_\_\_ am/pm  
 Depart on trip \_\_\_\_\_ am/pm  
 Bus return from trip \_\_\_\_\_ am/pm  
 Completion of bus cleanup \_\_\_\_\_ am/pm

Office use only

Sponsor/Chaperon (signature verifies loading, departure and return times) \_\_\_\_\_ Driver's Signature \_\_\_\_\_  
 Name of substitute covering run \_\_\_\_\_ Mileage \_\_\_\_\_ Fuel \_\_\_\_\_  
 ds/2011

## **North Marion Varsity Boys Basketball Trip Itinerary**

### **Chapmanville Holiday Tournament**

#### **Chapmanville, WV**

#### **Friday December 16, 2021**

1:00pm – Team departs for Chapmanville Regional.

4:00pm – Arrive in Chapmanville, WV.

5:30/7:00pm – JV/Varsity Games.

8:30pm – Depart from Chapmanville Regional for Team Dinner.

10:00pm – Arrive at Chief Logan Hotel and Conference Center in Logan, WV (1000 Conference Center Dr, Logan, WV 25601).

#### **Saturday December 17, 2021**

8:00am – Team Breakfast.

Unsure what time our games are for Day two. They will depend on the results of Day 1. Team will have breakfast, a walkthrough at Willie Akers Arena or Scott High School.

*240, manager  
to be placed on the  
agenda for board  
approval 12/1/2022*

**19-2265**  
*overwrite*

**Marion County Board of Education**  
(please submit one field trip form per bus needed)

Please follow the instructions in the Administrative Manual Section 2.115. All field trips requiring Board approval must be submitted at least two weeks prior to the regular Board meeting. All other requests must be in at least one week prior to the trip. All completed copies are to be submitted to the principal who will sign and forward to the county office for approval.

Nm HS 11/29/22 David Tennant Yes  
 School Date Submitted Sponsor Sub Needed

Wrestling Team 12/2-3/22 Robby Elliott No  
 Group Date of Trip Chaperone(s) Sub Needed

20 Hedgesville H.S.  
 Total Number to be Transported Destination

Hedgesville Dual Tournament  
 Purpose of activity

1 \$800.00 Boosters  
 Number of School Days Lost Approximate Cost Source of Funding

*Students riding with own parents*

**Transportation Information**

Time bus to be loaded 7:00 <sup>(12/2)</sup> am ~~pm~~ Approximate time to return 8:00 <sup>(12/3)</sup> am ~~pm~~

Type of Transportation  Private Auto  
 Commercial Carrier List carrier \_\_\_\_\_  
 Marion County School Bus # \_\_\_\_\_ Driver \_\_\_\_\_

Is School to pay driver? \_\_\_\_\_ Yes \_\_\_\_\_ No

Approved (granted/denied) Principal [Signature] Date 11/30/22  
 Approved (granted/denied) Central Office [Signature] Date 12/1/2022  
 Approved (granted/denied) Transportation \_\_\_\_\_ Date \_\_\_\_\_

**Driver's Trip Report**

Bus # \_\_\_\_\_ Bus Capacity \_\_\_\_\_ Total Number Transported \_\_\_\_\_

Destination \_\_\_\_\_ Date of Trip \_\_\_\_\_ Day of Week \_\_\_\_\_

Times: Pre-trip \_\_\_\_\_ am/pm  
 Bus Available to load students \_\_\_\_\_ am/pm  
 Depart on trip \_\_\_\_\_ am/pm  
 Bus return from trip \_\_\_\_\_ am/pm  
 Completion of bus cleanup \_\_\_\_\_ am/pm

Office use only

Sponsor/Chaperon (signature verifies loading, departure and return times) \_\_\_\_\_ Driver's Signature \_\_\_\_\_

Name of substitute covering run \_\_\_\_\_ Mileage \_\_\_\_\_ Fuel \_\_\_\_\_

*North Marion Wrestling*  
*Trip Itinerary*  
**Hedgesville Dual Tournament – Dec.2 – 3, 2022**

**Friday December 2, 2022**

- 7:30 am:** Depart NMHS via parent and coaches cars en route to Hedgesville High School.  
**10:30 am:** Arrive at HHS for weigh-in at 11:00. Immediately following, we will eat a prepared pre-match meal. (Boosters will be paying for all meals from this point on). **Make sure you are on weight when we get to the school.** If anyone is over, the whole team will have to wait to eat lunch.  
**3:00 pm:** 1<sup>st</sup> Round match vs.  
**4:30 pm:** 2<sup>nd</sup> Round vs.  
**6:00 pm:** **Break - supper**  
**7:30 pm:** 3<sup>rd</sup> Round vs.  
**8:30 pm:** 4<sup>th</sup> Round vs.  
**9:30 pm:** 5<sup>th</sup> Round vs.  
**Late Evening:** After our last match is wrestled, we will depart HHS to check in at:

These times are not exact, but should be close.

Quality Inn Spring Mills – Martinsburg North  
304-820-0761  
1220 T J Jackson Dr. Falling Waters, WV 25419

After checking in, shower and get ready to eat supper at the hotel.

- Later Evening:** Depending on when we finish eating, we will check our weight and work out as necessary.  
**10:45 pm:** Team meeting in coach's room.  
**11:00 pm:** Lights out. Remember wrestlers, we are there for a reason. You need a good night of sleep in order to be at your best. I want you to enjoy yourself, but most importantly, I want you to act responsibly. Any misconduct on your part will result in losing the privilege of traveling with the team in the future; this includes the regional and state tournaments. Same goes for Mat Maids. We could take as many as 10-12 mat maids.

**Saturday December 3, 2022**

- 6:00 am:** Wake up call.  
**6:30 am:** Depart hotel for weigh-ins. I will need a few parents to volunteer to help drive the wrestlers to the high school. With so many making this trip, the van will not be enough.  
**7:00 am:** Weigh-in. We will eat breakfast at the high school.  
**9:00am:** 6<sup>th</sup> Round vs.  
**10:30 am:** 7<sup>th</sup> Round vs.  
**12:00 pm:** 8<sup>th</sup> Round vs.  
**1:30 pm:** **Break** - We will have prepared lunches available  
**2:30 pm:** 9<sup>th</sup> Round vs.  
**4:00 pm:** 10<sup>th</sup> Round vs.  
**Supper:** We may stop somewhere fast on the way back.  
**9:00-9:30 pm:** Arrive back at NMHS. Wrestlers/Mat Maids will call parents for a more precise arrival time.



# Marion County Board of Education Field Trip Request Form

**19-226**

All field trips requiring Board approval must be submitted at least two weeks prior to the regular Board Meeting. All other requests must be submitted at least one week prior to the trip. All completed copies are to be submitted to the principal who will sign and forward to county office for approval. Please submit the field trip form per bus needed.

EFHS	11/29/22	Bean	No
School	Date Submitted	Sponsor(s)	Sub Needed
Band	4/6/23 - 4/14/23	TBA	No
Group	Date of Trip	Chaperone(s)	Sub Needed
130	Nassau		
Number to be transported	Destination		

Purpose of activity Perform on Cruise and in Bahamas

Number of School Days Lost 0      Approximate Cost TBA      Source of Funding Sisters

### Transportation Information

Time bus to be loaded TBA am / pm      Approximate time to return TBA am / pm

Type of Transportation  Cruise ship

Private Auto       Commercial Carrier      List Carrier \_\_\_\_\_  
 Marion County School Bus      Number \_\_\_\_\_ Driver \_\_\_\_\_

Is School to pay driver?       Yes       No

Approval  granted /  denied      Principal [Signature]      Date 11/29/22

Approval  granted /  denied      County Office \_\_\_\_\_      Date \_\_\_\_\_

Approval  granted /  denied      Transportation \_\_\_\_\_      Date \_\_\_\_\_

\*overnight & out of country - please place on band agenda

### Driver's Trip Report

Bus Number \_\_\_\_\_      Bus Capacity \_\_\_\_\_      Total Number Transported \_\_\_\_\_

Destination \_\_\_\_\_      Date of Trip \_\_\_\_\_      Day of Week \_\_\_\_\_

Times:	<input type="checkbox"/> Day One	<input type="checkbox"/> Day Two	
Pre-Trip	_____ am / pm	_____ am / pm	
Bus available to load	_____ am / pm	_____ am / pm	
Departure Time	_____ am / pm	_____ am / pm	
Return Time	_____ am / pm	_____ am / pm	
Completion of bus cleanup	_____ am / pm	_____ am / pm	

**Marion County Board of Education  
Field Trip Request Form**

**19-2266**

All field trips requiring Board approval must be submitted at least two weeks prior to the regular Board Meeting. All other requests must be submitted at least one week prior to the trip. All completed copies are to be submitted to the principal who will sign and forward to county office for approval. Please submit one field trip form per bus needed.

EFHS 11/29/22 Brian No  
 School Date Submitted Sponsor(s) Sub Needed

Band 4/6/23 TBA No  
 Group Date of Trip Chaperone(s) Sub Needed

130 Port Canaveral  
 Number to be transported Destination

Purpose of activity Perform on Cruise and in the Bahamas

Number of School Days Lost 0 Approximate Cost TBA Source of Funding Budget

**Transportation Information**

Time bus to be loaded TBA am / pm Approximate time to return TBA am / pm

Type of Transportation  Private Auto  Commercial Carrier List Carrier TBA  
 Marion County School Bus Number \_\_\_\_\_ Driver \_\_\_\_\_

Is School to pay driver?  Yes  No

Approval (granted) / denied) Principal [Signature] Date 11/29/22  
 Approval (granted / denied) County Office \_\_\_\_\_ Date \_\_\_\_\_  
 Approval (granted / denied) Transportation \_\_\_\_\_ Date \_\_\_\_\_

\* Overnight + out of country - please place on board agenda

**Driver's Trip Report**

Bus Number \_\_\_\_\_ Bus Capacity \_\_\_\_\_ Total Number Transported \_\_\_\_\_

Destination \_\_\_\_\_ Date of Trip \_\_\_\_\_ Day of Week \_\_\_\_\_

Times:  Day One  Day Two

Pre-Trip	_____ am / pm	_____ am / pm
Bus available to load	_____ am / pm	_____ am / pm
Departure Time	_____ am / pm	_____ am / pm
Return Time	_____ am / pm	_____ am / pm
Completion of bus cleanup	_____ am / pm	_____ am / pm

Sponsor/Chaperone (Verify all times) \_\_\_\_\_ Driver Signature \_\_\_\_\_ Mileage \_\_\_\_\_ Fuel \_\_\_\_\_

**Marion County Board of Education  
Field Trip Request Form**

**19-2266**

All field trips requiring Board approval must be submitted at least two weeks prior to the regular Board Meeting. All other requests must be submitted one week prior to the trip. All completed copies are to be submitted to the principal who will sign and forward to county office for approval. Please submit one field trip form per bus needed.

EFHS School      11/29/22 Date Submitted      Bean Sponsor(s)      No Sub Needed

Band Group      4/10/23 Date of Trip      TBA Chaperone(s)      No Sub Needed

130 Number to be transported      East Fairmont High School Destination

Purpose of activity Perform on cruise and in Bahamas

Number of School Days Lost 0      Approximate Cost TBA      Source of Funding Buster's

**Transportation Information**

Time bus to be loaded TBA am / pm      Approximate time to return TBA am / pm

Type of Transportation  
 Private Auto  
 Commercial Carrier List Carrier TBA  
 Marion County School Bus Number \_\_\_\_\_ Driver \_\_\_\_\_

Is School to pay driver?       Yes       No

Approval (~~granted~~ / denied)      Principal [Signature]      Date 11/29/22  
 Approval (granted / denied)      County Office \_\_\_\_\_      Date \_\_\_\_\_  
 Approval (granted / denied)      Transportation \_\_\_\_\_      Date \_\_\_\_\_

*\* Overnight & out of country - please place on board agenda*

**Driver's Trip Report**

Bus Number \_\_\_\_\_      Bus Capacity \_\_\_\_\_      Total Number Transported \_\_\_\_\_

Destination \_\_\_\_\_      Date of Trip \_\_\_\_\_      Day of Week \_\_\_\_\_

Times:

	<input type="checkbox"/> Day One	<input type="checkbox"/> Day Two	
Pre-Trip	_____ am / pm	_____ am / pm	
Bus available to load	_____ am / pm	_____ am / pm	
Departure Time	_____ am / pm	_____ am / pm	
Return Time	_____ am / pm	_____ am / pm	
Completion of bus cleanup	_____ am / pm	_____ am / pm	

